

Name  
in  
Full

Edward P. Adams.

CERTIFICATE OF DEATH

Wear Cumberland

County Allegany

MARYLAND

Date of death 1909 Month May Day 23 Age 3 Months 2 Days 6

Sex Male Color or Race White Birth-place Cumberland

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles P. Adams.

Father's Birthplace W. Va

Mother's Maiden Name Bertha Trigg

Mother's Birthplace Md.

Name of person giving Information Charles P. Adams

How related to deceased Father

CAUSES OF DEATH

Primary Diphtheria How long 1 week

Immediate Heart Failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. S. Wiles M.D. (Chd)

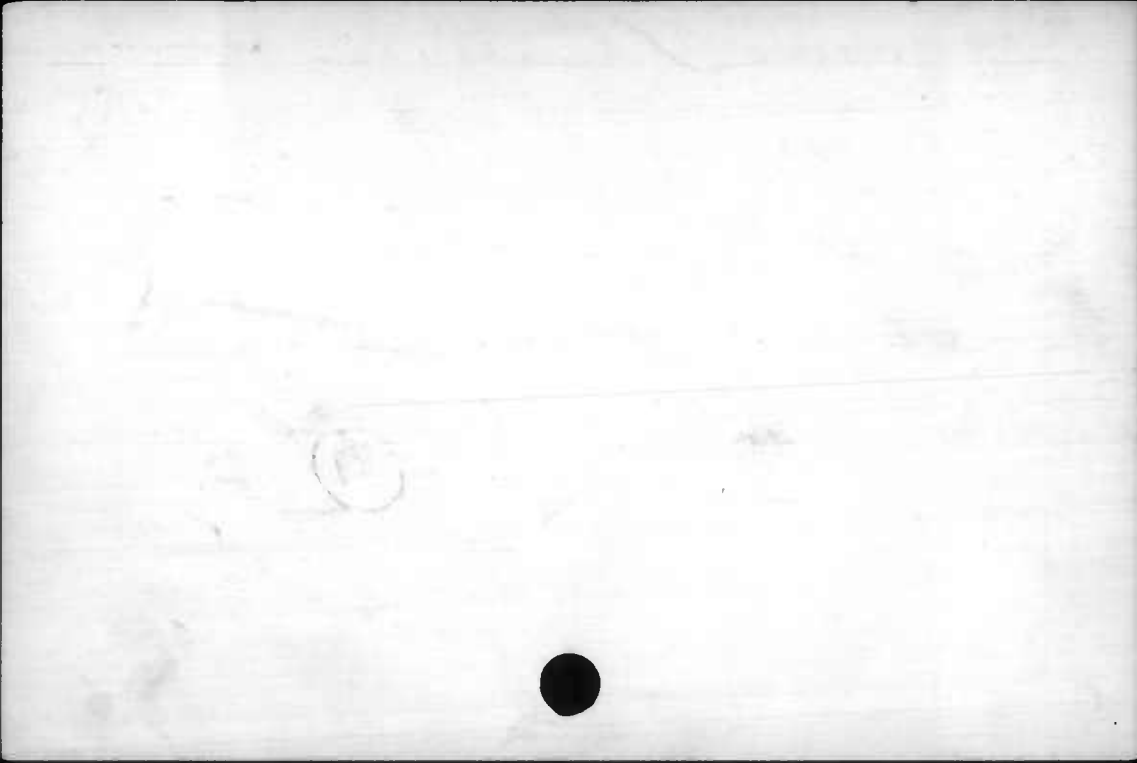
Is seen

Address Cumberland Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORNER



Name  
in  
Full

Andrew Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lonaconing Town Allegheny County

Date of death 1909 March 10 Day Age 72 Years 4 Months 2 Days

Sex Male Color or Race White Birth-place Scotland

Occupation Invalid Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Mrs. Marion Anderson

Father's Name John Anderson Father's Birthplace Scotland

Mother's Maiden Name Agnes Hamilton Mother's Birthplace Scotland

Name of person giving information Mrs. Andrew Anderson How related to deceased Wife's

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

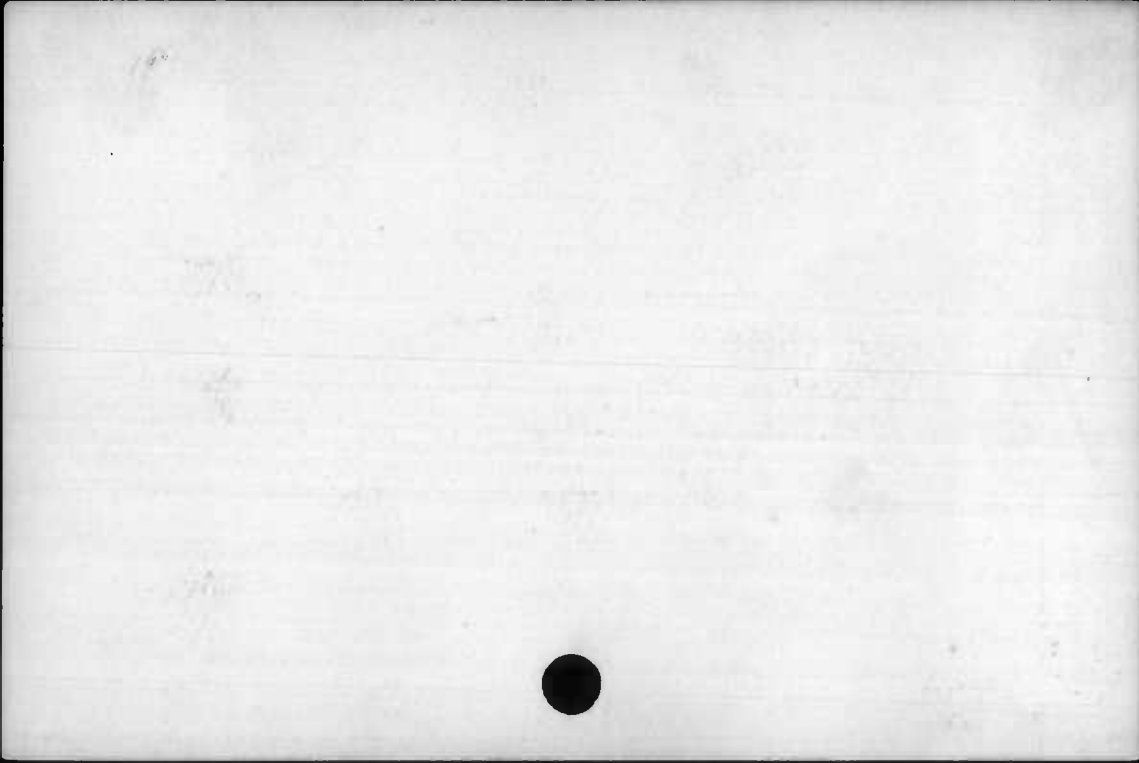
Primary Chronic Bronchitis, Emphysema How long 15 months

Immediate Cerebral Hemorrhage How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Henry M. Hedges

Address Lonaconing, Ind.

Accident or Suicide? No.



Name  
in  
Full

Infant of Mrs Mrs Geo. F. Athey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Alleg County MARYLAND

Date of death 1909 Mar. 8 Age Months Days

Sex Male Color or Race White Birth-place Cumberd

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George F. Athey Father's Birthplace Md

Mother's Melden Name Carrie Kinkler Mother's Birthplace Md

Name of person giving Information Geo. F. Athey How related to deceased Father

CAUSES OF DEATH

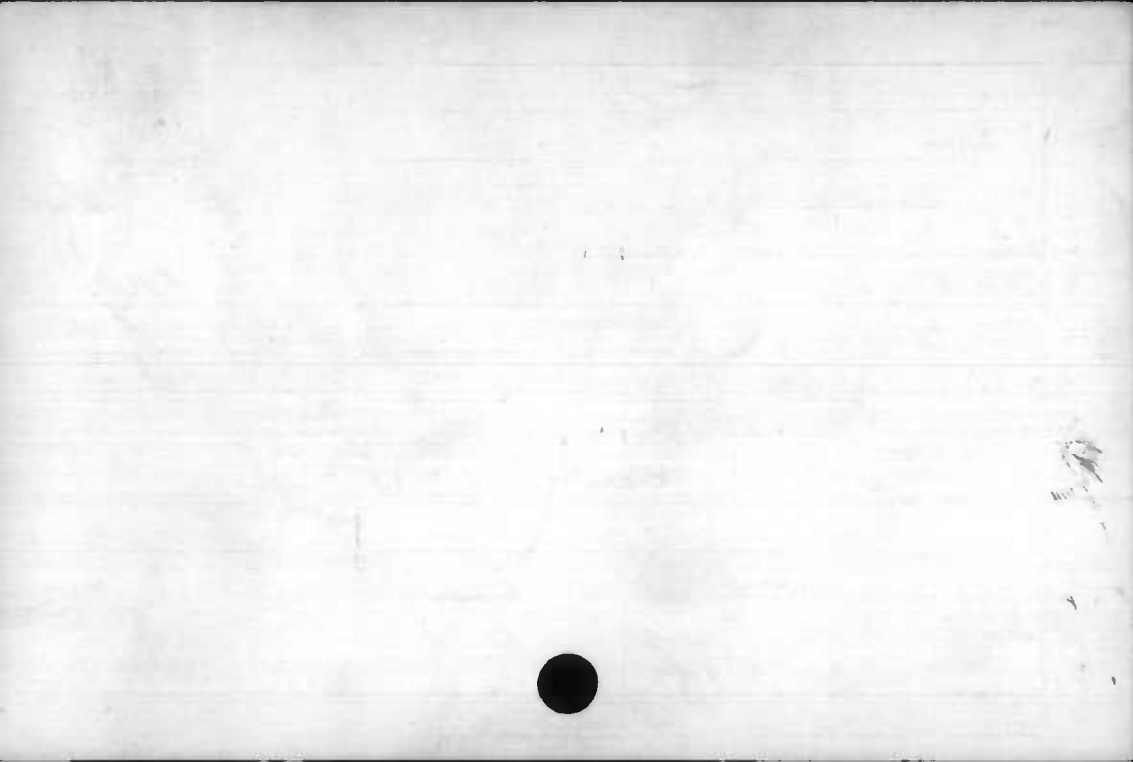
Primary Premature birth from dead How long Born dead

Immediate Premature birth from dead How long Born dead

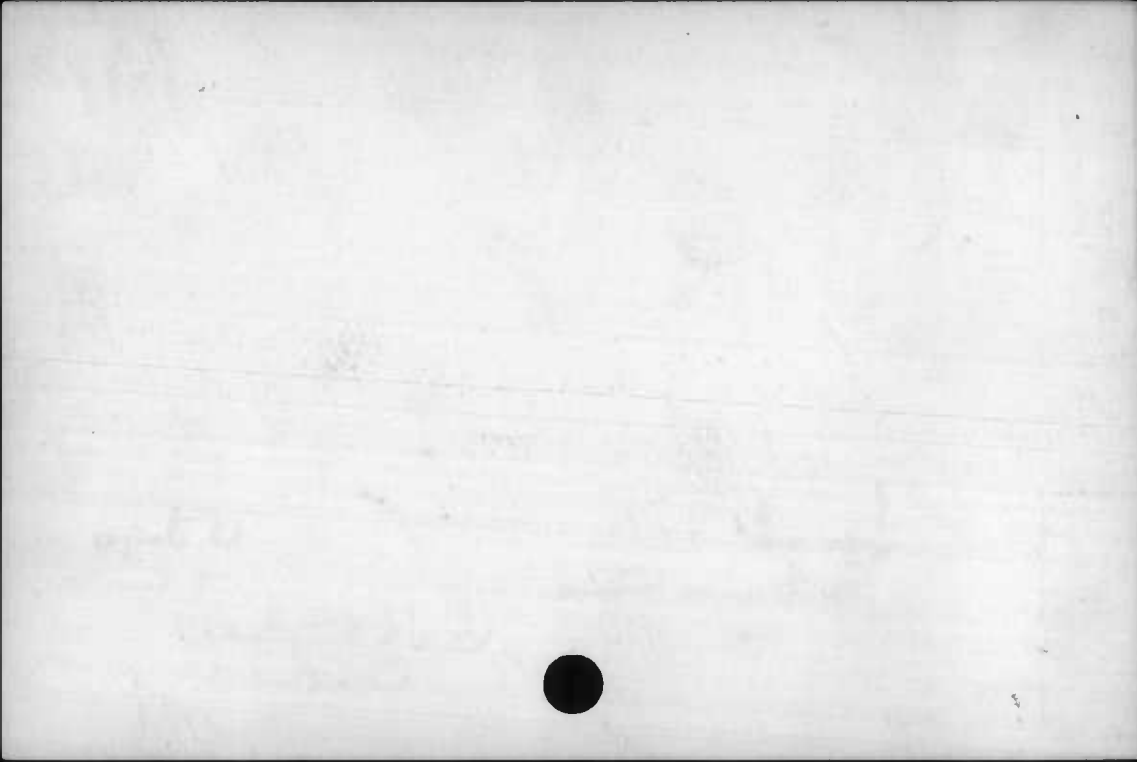
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Hails M.D.

Address Cumberland Md  
Accident or Suicide

PHYSICIAN  
OR  
CORONER



Name in Full		Frederick Joseph Baker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland		County Allegany		MARYLAND
	Date of death	1909	Month	March	Day	3	Age 4
	Sex	male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Reuben E Baker				Father's Birthplace	W. Va.
	Mother's Maiden Name	Edna Hynes				Mother's Birthplace	Ind
Name of person giving information	R E Baker				How related to deceased	Father	
✓		CAUSES OF DEATH				92	
PHYSICIAN OR CORONER	Primary	Pneumonia - Bronchitis				How long	2 wks
	Immediate	Exhaustion				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J L Owens M.D.	
	Address		Cumberland Ind				
Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

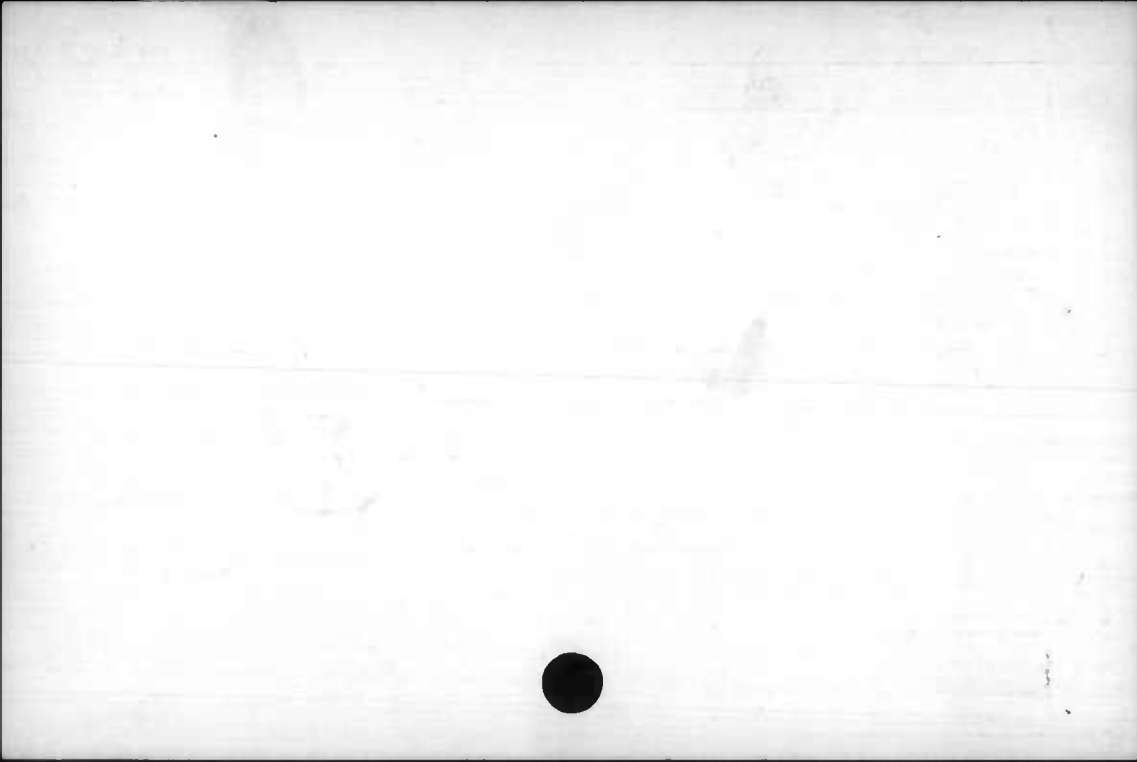
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Frederick Beck</b>		Town <b>Cumtula</b>		County <b>Alle</b>		State <b>MARYLAND</b>	
Died at <b>Cumtula</b>		Month <b>Mar</b>		Day <b>27</b>		Years <b>5</b>	
Date of death <b>1909 Mar 27</b>		Age <b>5</b>		Months		Days	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>			
Occupation <b>none</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband					
Father's Name <b>Frederick Beck</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Anna Morgan</b>		Mother's Birthplace <b>Ind</b>					
Name of person giving Information <b>Geo C Firey</b>		How related to deceased <b>Niece</b>					

## CAUSES OF DEATH

Primary	<b>Insanitation</b>	How long	<b>5 days</b>
Immediate	<b>Exhaustion</b>	How long	<b>12 hours</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W J Brace</b>	
<b>steu</b>		Address <b>Cumtula Ind</b>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Amanda Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

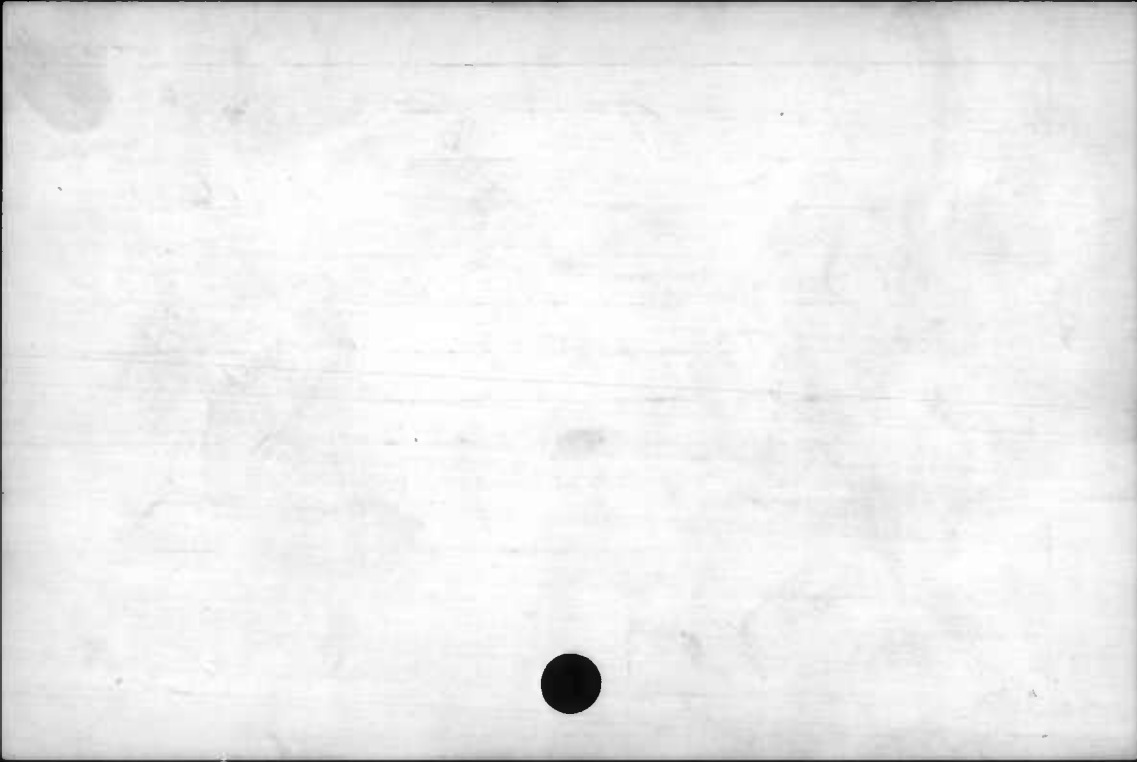
Died at <u>Cumbecland</u> <sup>Town</sup>		<u>Alleg</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u> <sup>Month</sup> <u>Mar</u> <sup>Day</sup> <u>31</u>	Age	<u>40</u> <sup>Years</sup>	<u>unknown</u> <sup>Months</sup>	<u>unknown</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Md.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed	<u>Widow</u>	Name of <del>Wife</del> Husband	<u>William Bell</u>		
Father's Name	<u>Dennis Harper.</u>		Father's Birthplace	<u>Fredrick Md.</u>	
Mother's Maiden Name	<u>Mary L. Gregg.</u>		Mother's Birthplace	<u>Wash &amp; Ma.</u>	
Name of person giving Information	<u>James A. Harper</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

120

Primary	<u>Bright's disease</u>	How long	<u>2 mos.</u>
Immediate	<u>Cardiac failure</u>	How long	<u>12 dys.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Shurson Shurson</u>	
<u>Stein</u>		Address <u>104 Gr. Mechanic</u>	
Accident or Suicide <u>                    </u>			

PHYSICIAN  
OF CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Laura Leota Bohrer

Town

County

MARYLAND

Died at

Cumberland

Allegany

Date

of death

1909

Month

March

Day

28

Years

Age

25

Months

3

Days

14

Sex

Female

Color or  
Race

White

Birth-  
place

Pa.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of ~~Wife~~ or  
Husband

Jacob H Bohrer

Fether's  
Name

Henry Dorsey

Fether's  
Birthplace

Pa

Mother's  
Meiden Name

Emma J Dorsey

Mother's  
Birthplace

Pa

Name of person giving  
Information

J H Bohrer

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Nephritis

How long

1 mo

Immediate

Exhaustion + Pneumonia

How long

1 wk

Are the name, age, sex, color, date  
and place correctly given above?

yes

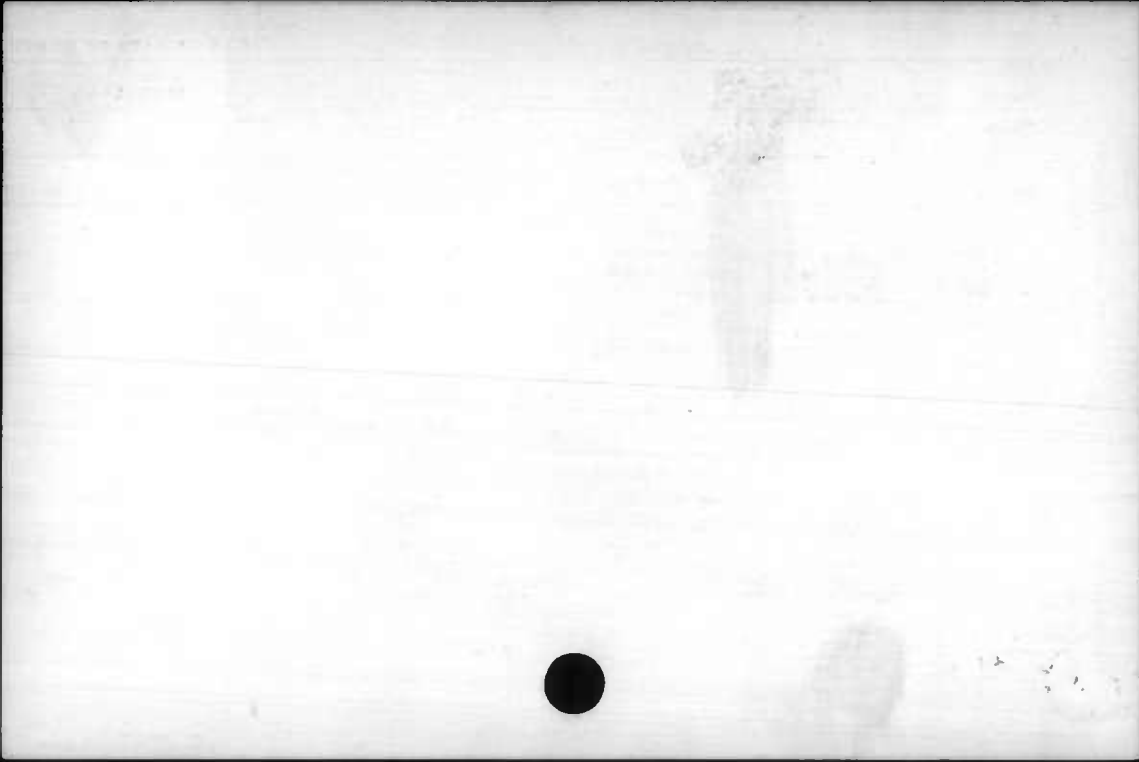
Signature of  
Physician

Address

E. L. Broadbent  
Cumberland  
Md.PHYSICIAN  
OR CORONER

Accident or Suicide

W. Bard Pa



Name  
in  
Full

CERTIFICATE OF DEATH

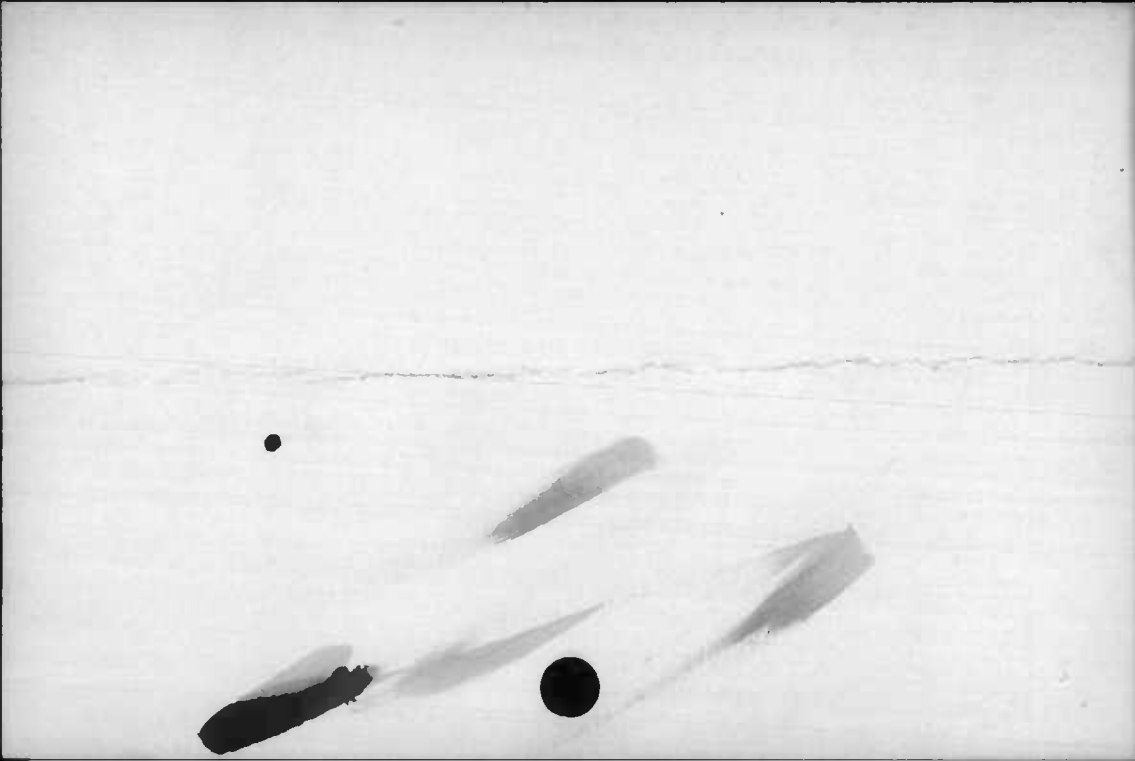
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	18	2		11	17
Sex	male		Color or Race	colored		Birth-place	Frothingham
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George Gales				Father's Birthplace	
Mother's Maiden Name		Dora Bowen				Mother's Birthplace	
Name of person giving information		Sam Frisby				How related to deceased	
						Niece by marriage	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	6 weeks
Immediate	Broncho-pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		O. C. [Signature]	
Address		Frothingham	
Accident or Suicide?		No	





Name  
in  
Full

William D Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	10			2	
Sex	Color or Race			Birthplace			
Male	White			Lassoway H. ra			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
-		-					
Father's Name	William E. Brown				Father's Birthplace	H. ra.	
Mother's Maiden Name	Rosie Jane Lutzier				Mother's Birthplace	H. ra.	
Name of person giving Information	William E. Brown				How related to deceased	Father	

## CAUSES OF DEATH

Primary	Capillary Bronchitis	How long	3 days
Immediate	Eclampsia	How long	9 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

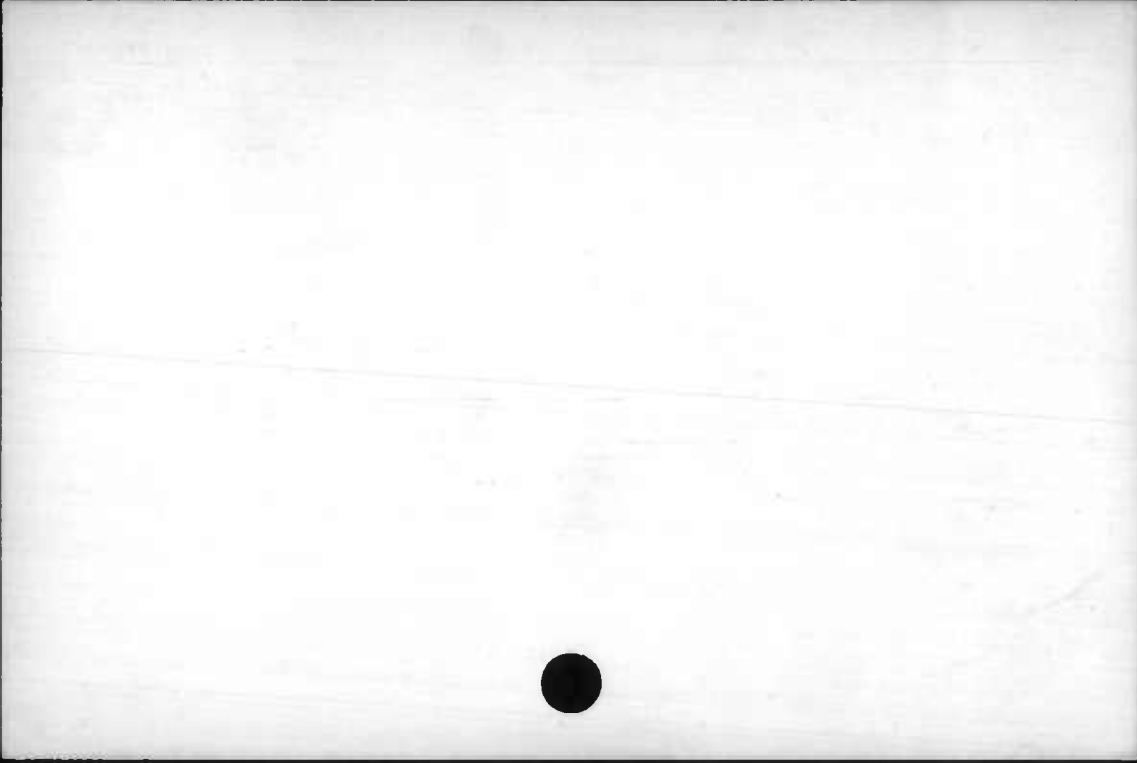
J. R. Johnson

Address

Cumberland  
Me

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full

Thomas Edward Cale

CERTIFICATE OF DEATH

Died at Cumberland

County Allegany

MARYLAND

Date of death 1909

Month Nov

Day 2

Age

Years

Months

Days

one

—

Sex

male

Color or Race

White

Birth-place

Cumt-d

Occupation

Where Residing if not at place of death

Merriad, Single or Widowed

None Single

Name of Wife or Husband

None

Father's Name

Wm Cale

Father's Birthplace

W. Keesport Pa

Mother's Maiden Name

Ella Loring

Mother's Birthplace

Cumt-d

Name of person giving Information

Wm Cale

How related to deceased

Father

CAUSES OF DEATH

36

Primary

Congenital Syphilis

How long

one month

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

J. J. Duke

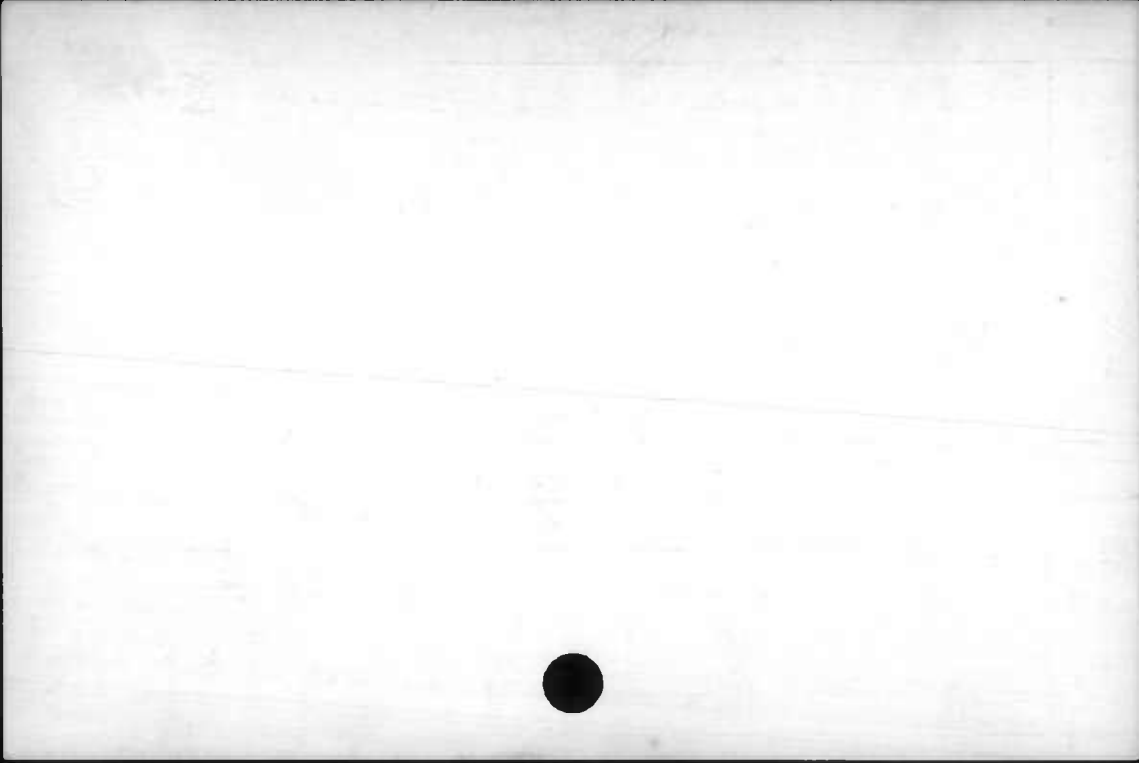
Address

Cumberland Md

Attendant or Coroner

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

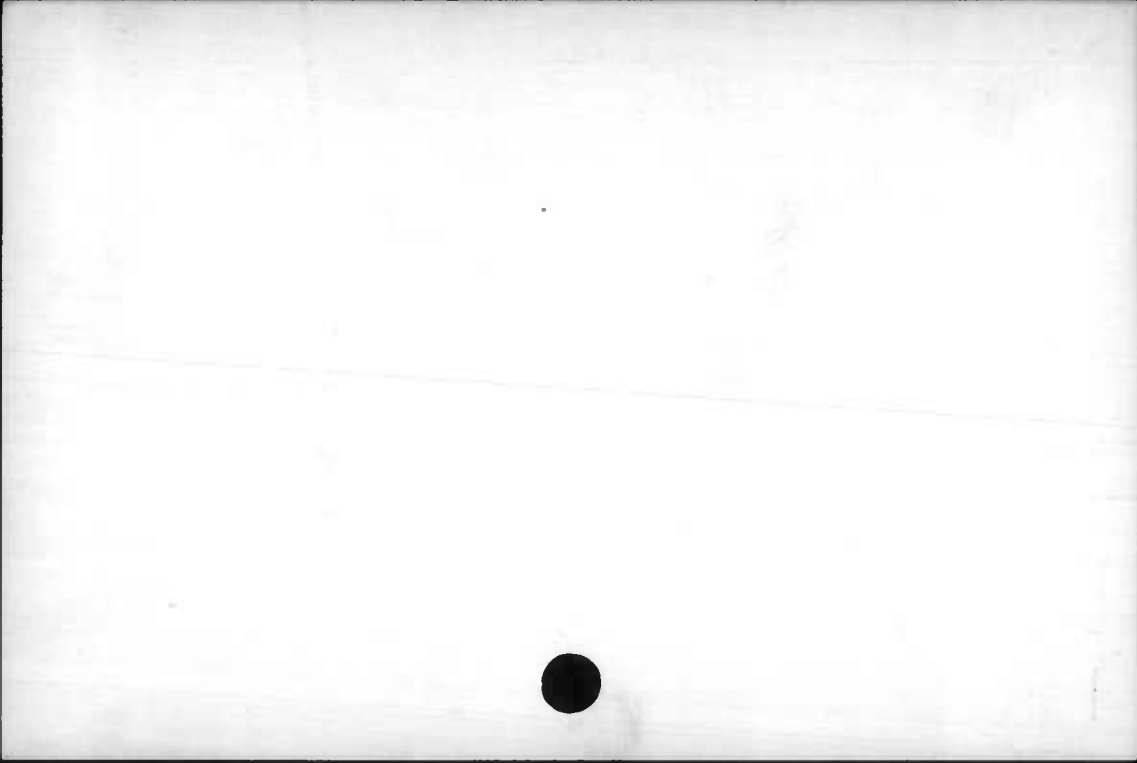
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Campbell</i> County		MARYLAND	
Date of death 190 <i>9</i> Month <i>March</i> Day <i>16</i>		Age		Years Months Days	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>R. W. Campbell</i>		Father's Birthplace <i>Pennsylvania</i>			
Mother's Maiden Name <i>Mamie Zumpfe</i>		Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving Information <i>Mrs R. W. Campbell</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth at 6 1/2 months.</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William R. Ford M.D.</i>	
		Address <i>116 Virginia Ave., Cumberland Md.</i>	
Accident or Suicide			



Name  
in  
Full

Virginia Blackwell Carder

CERTIFICATE OF DEATH

Died at Cumberland - Allegany - MARYLAND

Date of death 1909 March 17 Age 40 Months 6 Days 9

Sex Female Color of Race White Birth place New Orleans Md.

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband A. G. L. Carder

Father's Name Thos. Cacciani Father's Birthplace Md.

Mother's Maiden Name Maria Smyth Mother's Birthplace Md.

Name of person giving Information Maria Cacciani How related to deceased Mother

CAUSES OF DEATH

146

Primary Malarial Abscess How long 4 weeks

Immediate Septicemia How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. T. Thaler M.D.

Address Cumberland Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1871

James L. Wright



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

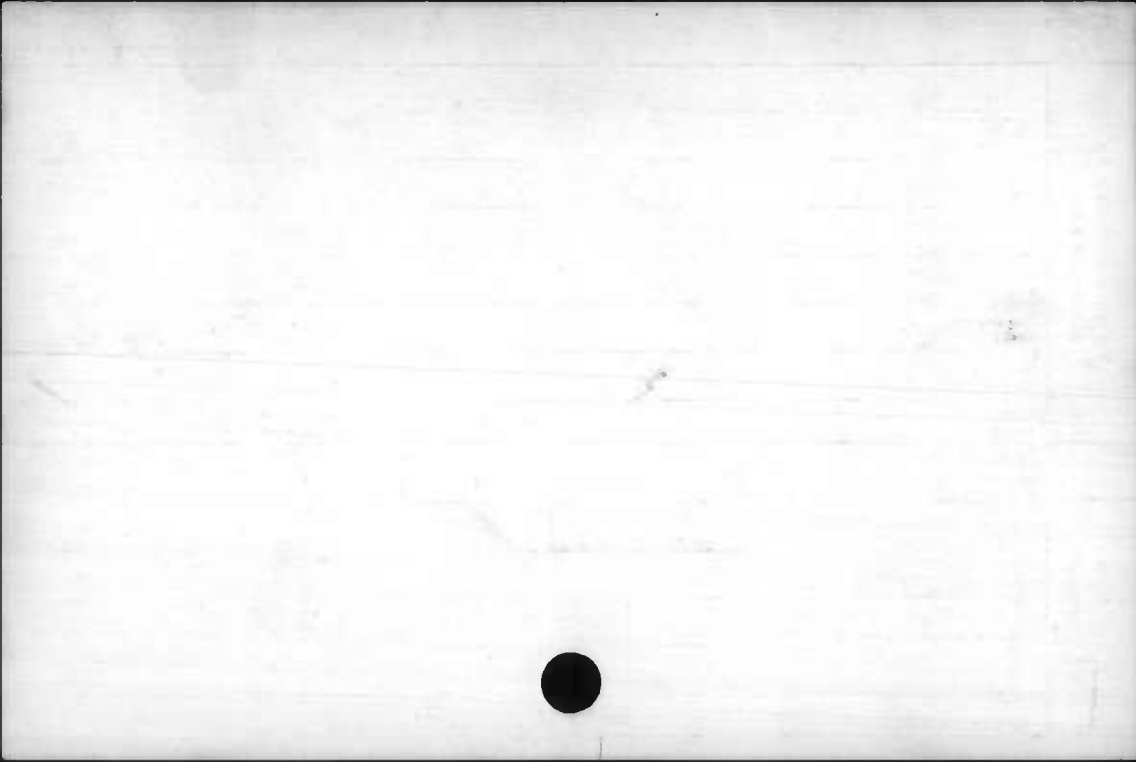
MARYLAND

Died at *bumld* Town *Alleg* CountyDate of death 1909 Month *Mar* Day *31* Age *4* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Md*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *Simpson Chatman* Father's Birthplace *Va*Mother's Maiden Name *Virgie Peak* Mother's Birthplace *West Va*Name of person giving Information *Jessie Chatman* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONERPrimary *Peelw: Tuberculosis* How long *4 mo*Immediate *Exhaustion* How long *few hrs.*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Edmund Harris**Stair* Address *Cumherland*Accident or Suicide *—* *Stair Md*



Name  
in  
Full

Charles E. Cotter

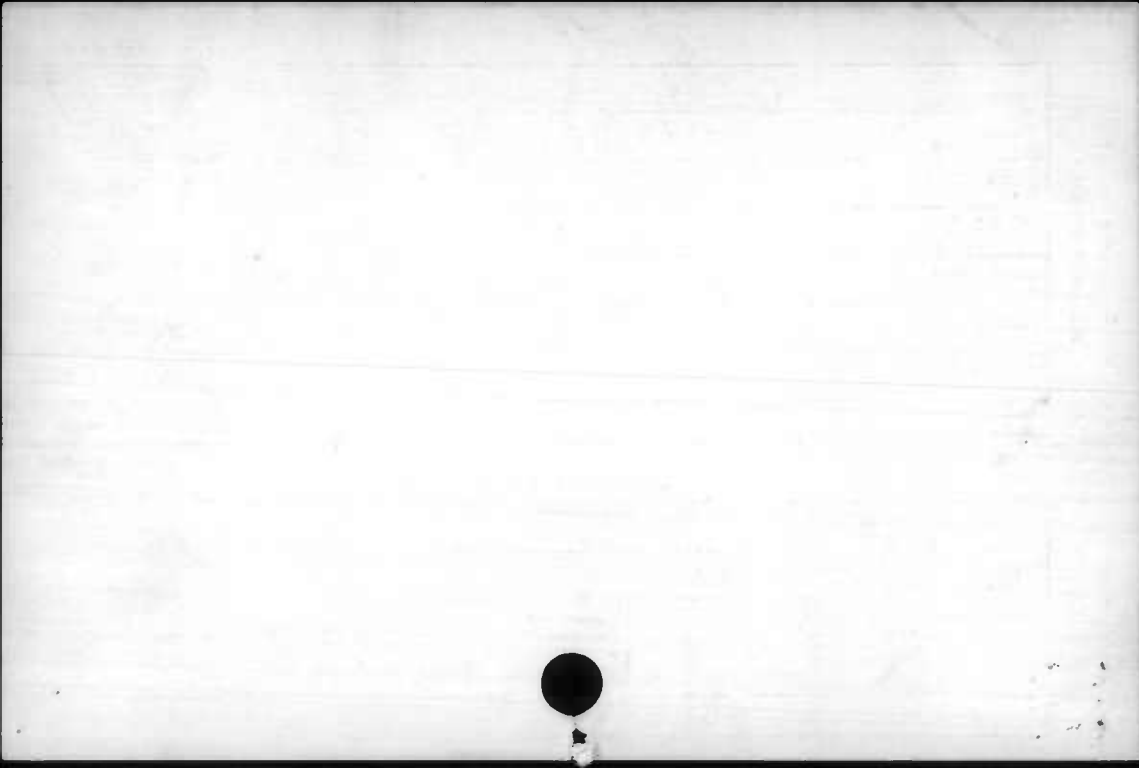
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1909		Mar		31		Age 22	
Sex		Color or Race		Birth place		Months	
Male		White		Weston W. Va.		Days	
Occupation		Where Residing if not at place of death					
Painter							
Married, Single or Widowed		Name of Wife or Husband					
Married		Clara E. Cotter					
Father's Name		Father's Birthplace					
Edward Cotter		N. York					
Mother's Maiden Name		Mother's Birthplace					
Catharine Frowbridge		W. Va					
Name of person giving Information		How related to deceased					
"		Wife.					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	How long
Fall from ladder while painting, striking head first on cement walk	164
Fracture of Skull from Fall	1/2 day
Immediate	How long
Exhaustion	1/2 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	W. H. Broadbent
	Address
	Weston W. Va.
Accident or Suicide	
Accidents	



Name  
in  
Full

Michael Coudon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Eckhart Mines		County Allegany		MARYLAND	
Date of death		1909	Month March	Day 10	Age 67	Years	Months 6
Sex		Male		Color or Race White		Birth-place Litch Orleans, Me.	
Occupation Night Watchman				Where Residing if not at place of death Eckhart Mines, Md.			
Married, Single or Widowed		Name of Wife or Husband Katharine Blake					
Father's Name		Thomas Coudon				Father's Birthplace Ireland.	
Mother's Maiden Name		Margaret Nolan				Mother's Birthplace Ireland	
Name of person giving information		Katharine Coudon				How related to deceased wife	

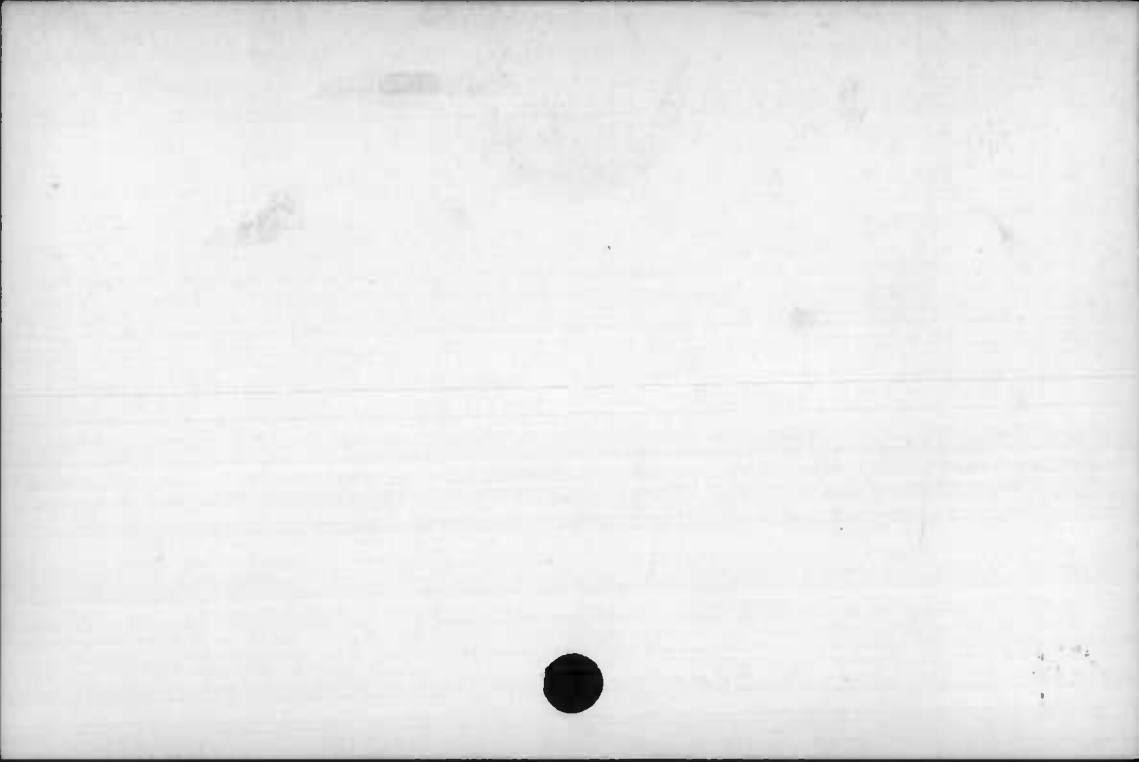
Fell from R. R. engine,

## CAUSES OF DEATH

dislocating right shoulder and fracturing sixth rib.

PHYSICIAN  
OR CORONER

Primary	Injury to shoulder & ribs	How long	6 days
Immediate	Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Bl. Brownell M.D.	
Address		Eckhart Mines, Md.	
Accident or Suicide?		Accident.	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

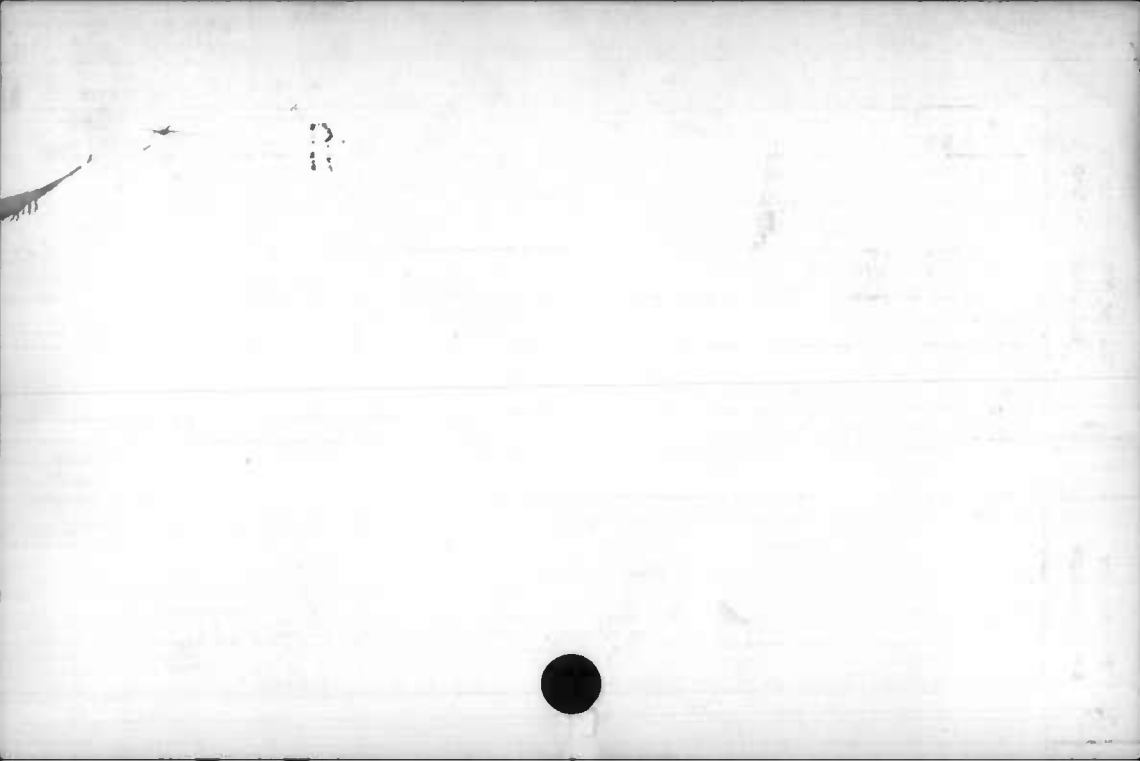
Mrs M. Covey  
 Died at Cumberland <sup>Town</sup> Allegheny <sup>County</sup> MARYLAND  
 Date of death 1909 <sup>Month</sup> 3 <sup>Day</sup> 25 <sup>Age</sup> 85 <sup>Years</sup> 85 <sup>Months</sup> 85 <sup>Days</sup> 85  
 Sex Female Color or Race White Birth-place Ireland  
 Occupation None - devoted for several years Where Residing if not at place of death —  
 Married, Single or Widowed Widowed Name of Wife of Husband Mrs Covey  
 Father's Name Jennus Covey Father's Birthplace Ireland  
 Mother's Maiden Name Mary Crohly Mother's Birthplace Ireland  
 Name of person, giving information Margaret Covey How related to deceased Daughter

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary Acute Bronchitis How long five days  
 Immediate Head Injure How long few hours  
 Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. J. J. J.  
 Address Cumberland Md  
 Accident or Suicide? Bedford.





Name  
in  
Full

*Sarah B Breasap*

CERTIFICATE OF DEATH

MARYLAND

Died at *Rawlings* Town *Allegany* County

Date of death *1909* Month *Mar* Day *1* Age *72* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation *Nurse Keper* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Stanley Breasap*

Father's Name *Mr W Lynn* Father's Birthplace *Cumberland*

Mother's Maiden Name *Annie S Brown* Mother's Birthplace *Pa*

Name of person giving Information *Stanley Breasap* How related to deceased *Husband*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *Pneumonia*

*93*  
How long  
*3 days*  
How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Rebecca Lantz*

Address

*Stein*

*Edw. Breasap (Ch3) & J. Regan*

Accident or Suicide

Joseph Shriver Jr.

was

Mrs Lynn Lot.

Name  
in  
Full

CERTIFICATE OF DEATH

Joseph W. Doerner

Died at *Emmott*

County

*Allegheny*

MARYLAND

Date

of death

1909 *Mar*

Month

Day

*16*

Age

*23*

Years

Months

Days

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Emmott*

Occupation

*Clerk.*

Where Residing if not  
at place of death

*-*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*-*

Father's  
Name

*George Doerner*

Father's  
Birthplace

*Emmott*

Mother's  
Maiden Name

*Mary Johnson*

Mother's  
Birthplace

*Emmott*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

*27*

Primary

*Phthisis*

How long

*One year*

Immediate

*Pneumothorax*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*W. W. Wiley*

Address

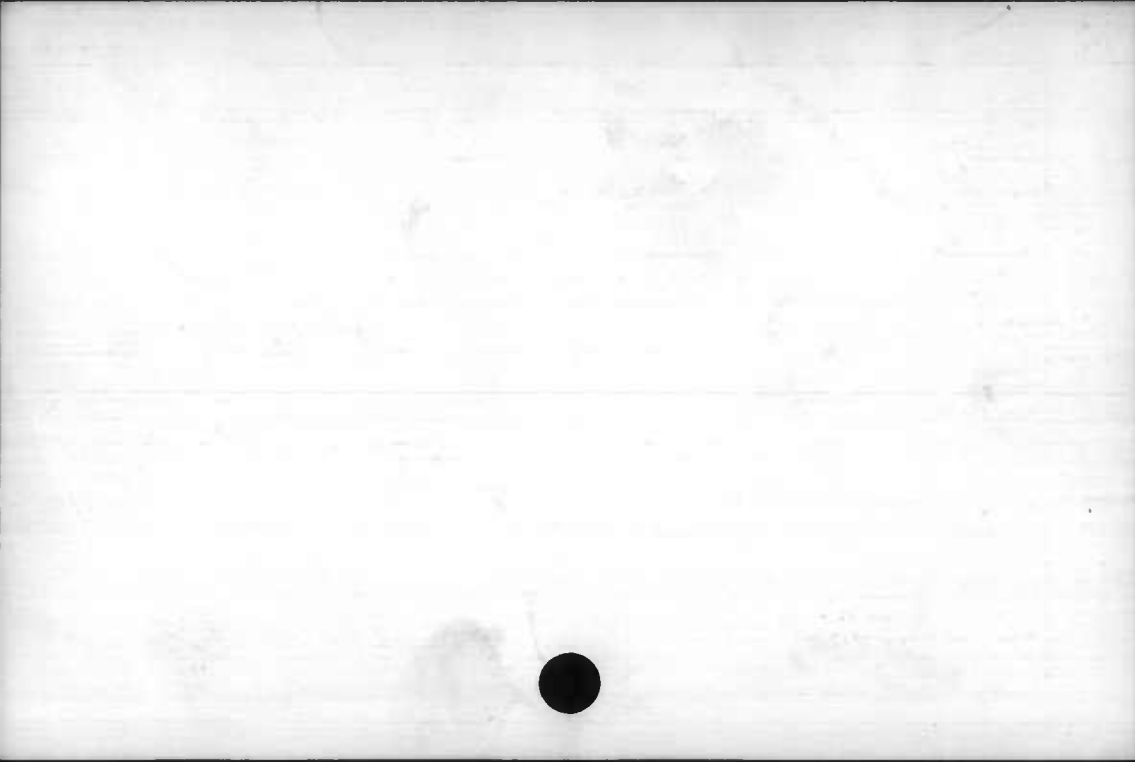
*Emmott, Pa.*

*Accident or Suicide*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*1*



X  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *County House* <sup>Town</sup> *Allegheny* <sup>County</sup>

## MARYLAND

Date of death 1909	Month mch	Day 13	Age 95	Years	Months 7	Days
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Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation	None	Where Residing if not at place of death
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Married, Single or Widowed *Widow* Name of Wife or Husband *As not known*

Father's Name	Wesley Brown	Father's Birthplace	Ireland
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Mother's Maiden Name *Newman* Mother's Birthplace *Ireland*

Name of person giving information	Mr Peter Wilson	How related to deceased	None
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### CAUSES OF DEATH

154

Primary	How long
10 days	10 days

Immediate *exhaustion* *OK OK,*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. F. Jones*

Address Cumberland  
MD

### Accident or Suicide?

PHYSICIAN  
CORONER

Jb.

Town.

Name  
in  
Full

Catherine Eder  
Town

CERTIFICATE OF DEATH

Died at

Burrill

County

Alleg.

MARYLAND

Date

of death

1909

Month

Mar

Day

12

Age

Years

82

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housekeeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

don't know

Father's  
Name

Don't know

Father's  
Birthplace

D. K.

Mother's  
Maiden Name

" "

Mother's  
Birthplace

" "

Name of person giving  
Information

Henry J. J. J.

How related  
to deceased

none

CAUSES OF DEATH

Primary

Accidentally fell, dislocating hip.  
old age

How long

165

Immediate

Dislocated Hip Left Hip

How long

Six months

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

J. H. Martz  
Cumberland  
Md

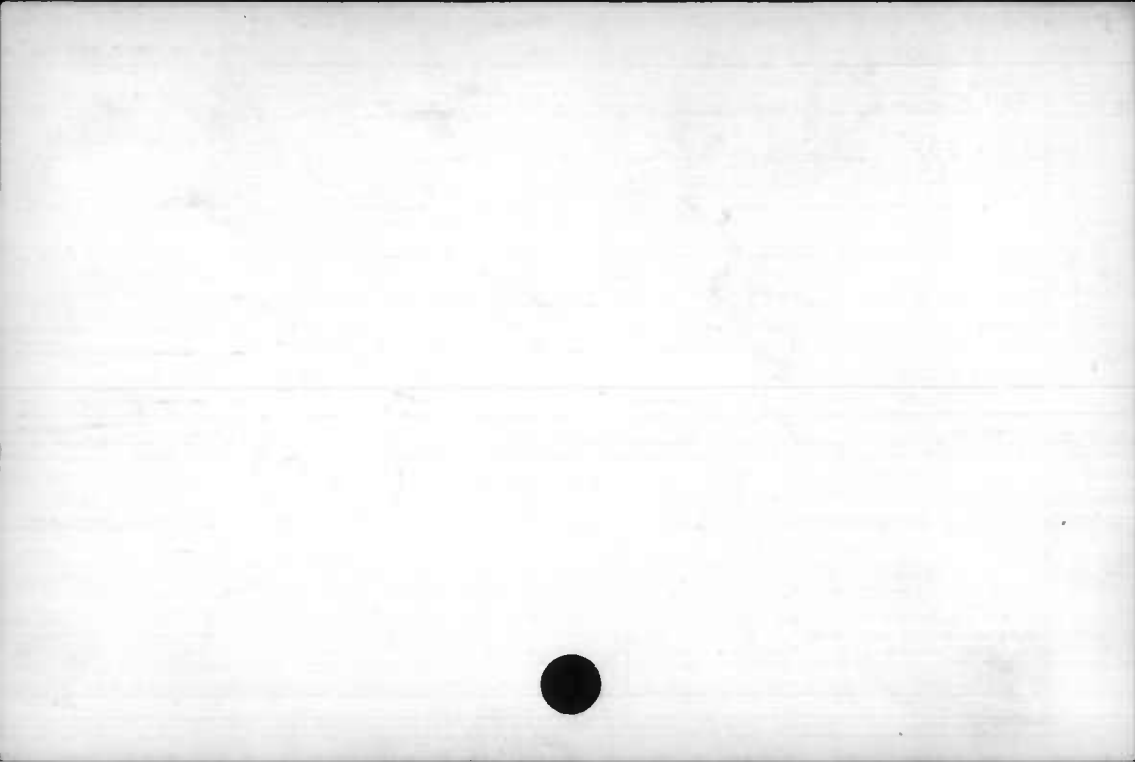
Address

Accident or Suicide

Accident.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Still Born  
Infant  
Fitzel  
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Chesapeake

Allegany

Date of death 1909 March

Day 25

Age —

Months —

Days —

Sex Female

Color or Race White

Birth-place Chesapeake Md

Occupation —

Where Residing if not  
at place of death —

Married, Single or Widowed Single

Name of Wife or  
Husband None

Father's Name J.H. Fitzel

Father's Birthplace Chesapeake

Mother's Maiden Name Mrs J.H. Fitzel

Mother's Birthplace Md.

Name of person giving  
Information —

How related  
to deceased Mother

CAUSES OF DEATH

Primary Premature Still Born

How long —

Immediate —

How long —

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of Physician J. H. Foghtman

Address —

Still.

Accident or Suicide

PHYSICIAN  
OR CORONER

196  
15  
350  
382

John Martin

Humboldt Co

via Confluence Co

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName in Full *Henrietta Ellen Gerdeman*

Town

County

MARYLAND

Died at

Date

of death

1909

Month

*Mar*

Day

*3*

Age

Years

*4*

Months

*5*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Md*

Occupation

*none*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*none*Father's  
Name*Bernard Gerdeman*Father's  
Birthplace*Md*Mother's  
Maiden Name*Annie Walsh*Mother's  
Birthplace*Md*Name of person giving  
Information*Bernard Gerdeman*How related  
to deceased*Father*

## CAUSES OF DEATH

*19*

Primary

*Osteo Myelitis lower third of femur,*

How long

*10 weeks*

Immediate

*Exhaustion near knee-joint.*

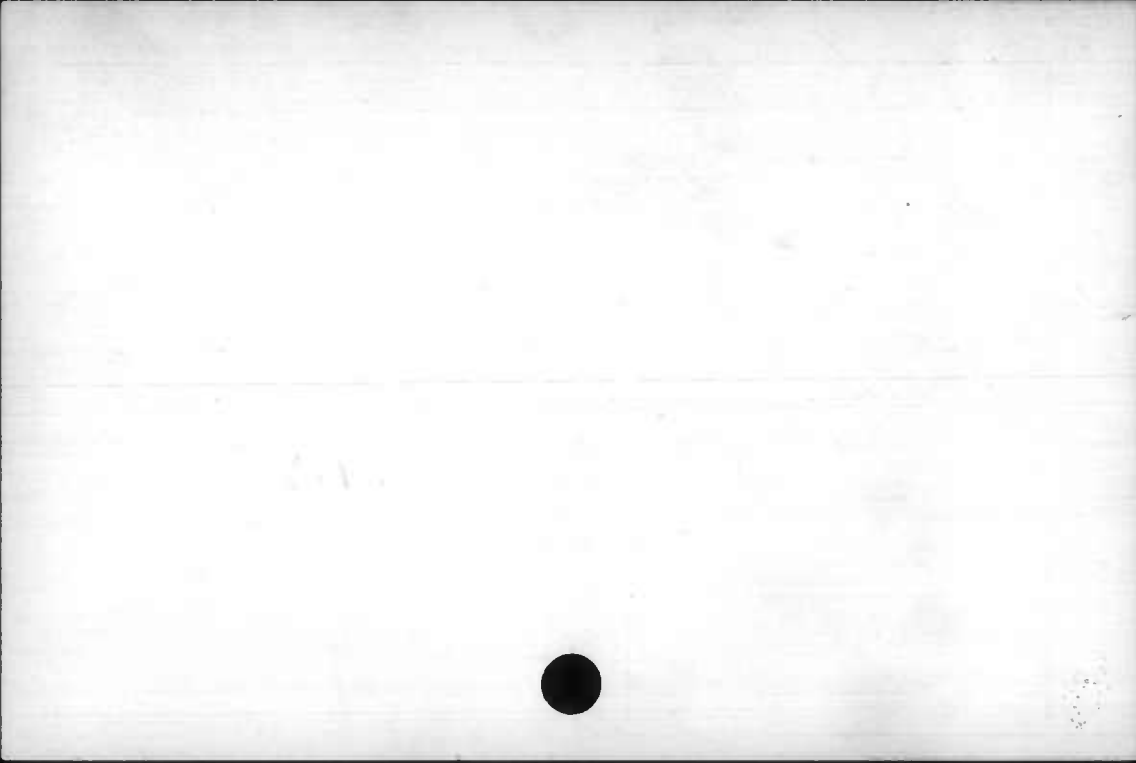
How long

*1*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician*J. H. Lockman*

Address

*Cumtland Md**Fighting*PHYSICIAN  
OR CORONER*1*

Accident or Suicide



Name  
in  
Full

Margret E Praley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Summerville* Town *Allegheny* County **MARYLAND**  
Date of death 1909 Mar 7 Age — Years 1 Months — Days

Sex *Female* Color or Race *White* Birth-place *Md*  
Occupation *none* Where Residing if not at place of death *Harrison Mt*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Walter Praley* Father's Birthplace *West Va*

Mother's Maiden Name *Viola Gerdman* Mother's Birthplace *Md*  
Name of person giving Information *Viola Praley* How related to deceased *Mother*

CAUSES OF DEATH

Primary *found dead in bed*  
Immediate *Heart failure*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

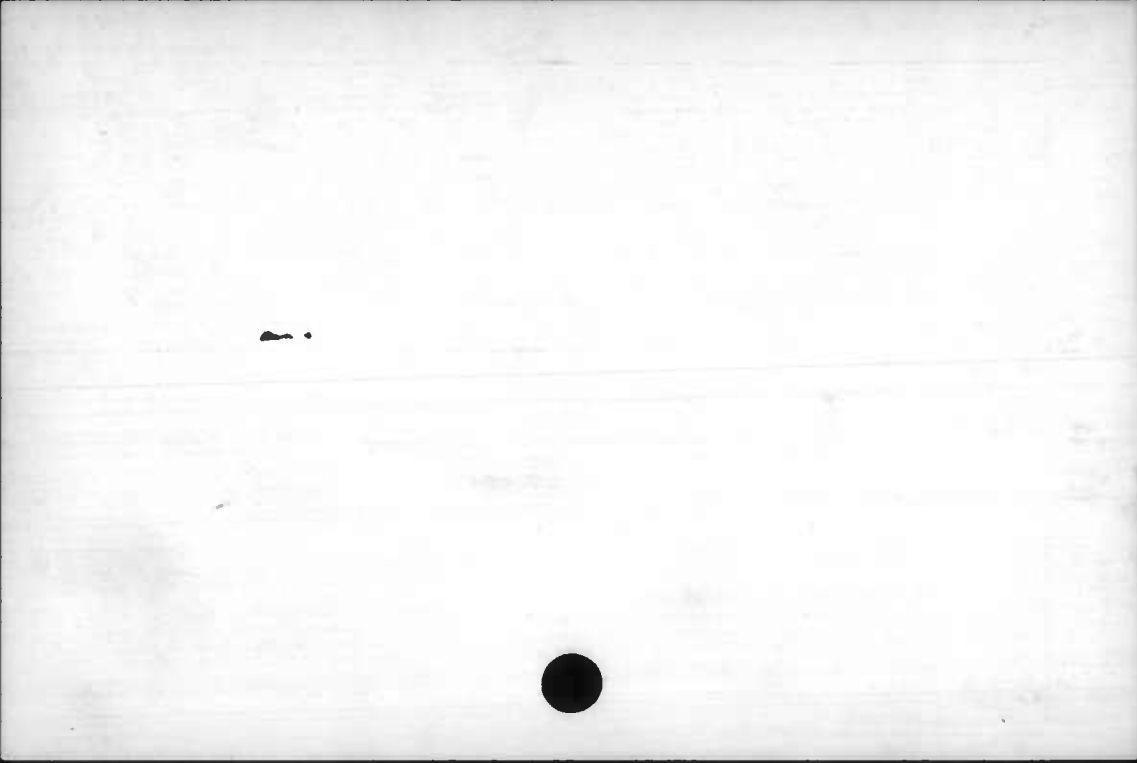
*stea*

Accident or Suicide

*G. H. Maiz*  
*Coroner*  
*Bedfordland*  
*Md*

179

PHYSICIAN  
CORNER  
10



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

MARYLAND

Date

of death

1909

Month

3

Day

2

Age

72

Year

Months

0

Days

0

Sex

Male

Color or  
Race

White

Birth-  
place

Pa

Occupation

Farmer

Where Residing if not  
at place of death

Cumberland

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Valborg Bruner

Father's  
Name

William Gilman

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Pa

Name of person giving  
Information

Harry Gilman

How related  
to deceased

66

CAUSES OF DEATH

Primary

Paresis

How long

2 mo

Immediate

Paralysis

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

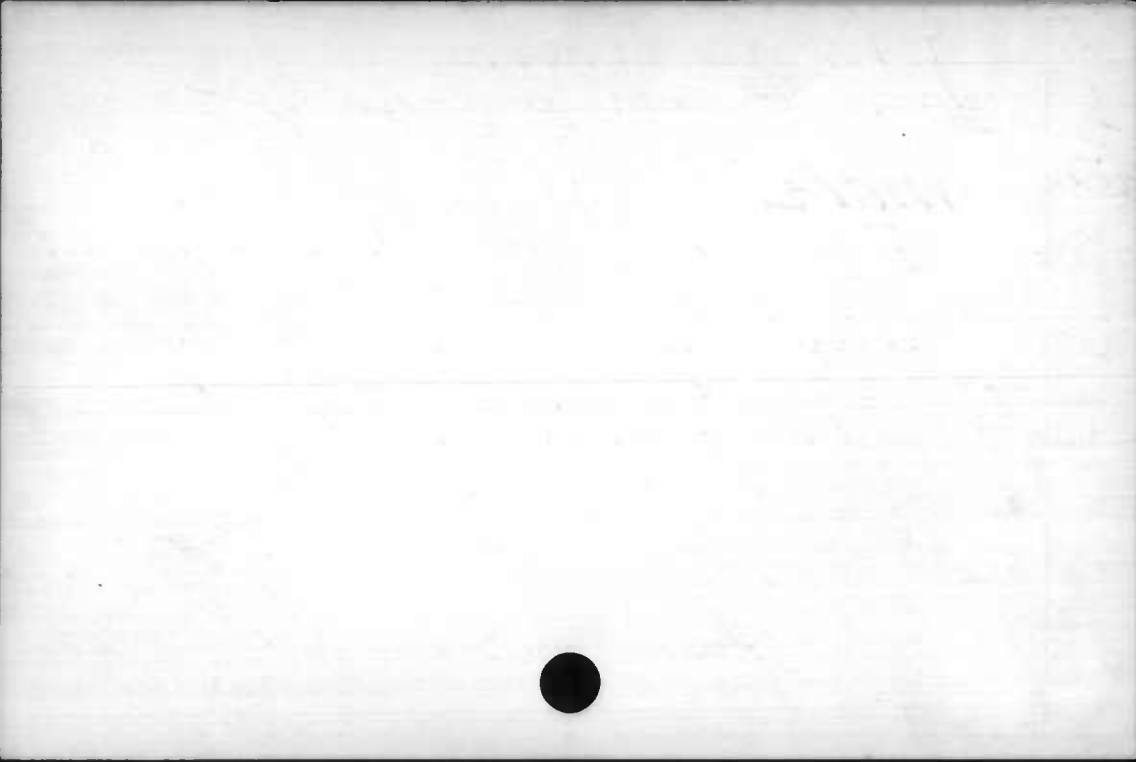
Signature of  
Physician

Address

W. F. Hagg,  
Cumberland, Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Harriett A. Gison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

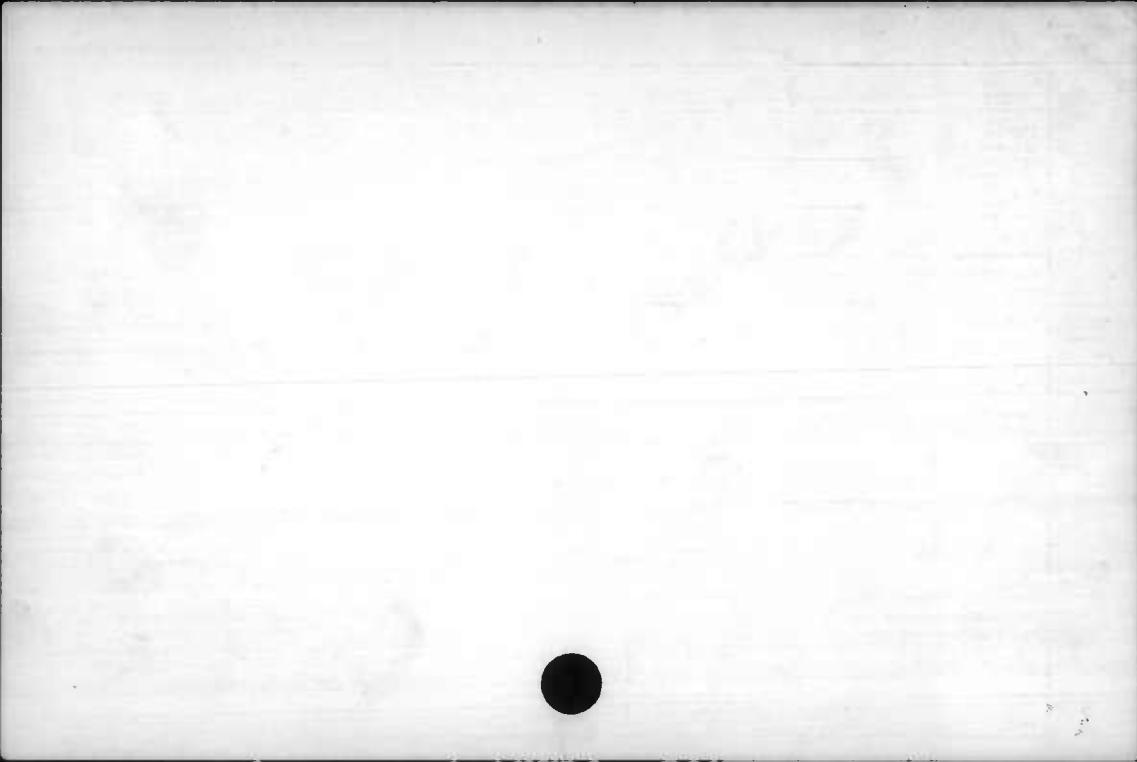
Died at <i>Cumberland</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	March	Day	26
Age	69	Years		Months	11
				Days	26
Sex	Female	Color or Race	White	Birth-place	E. I. Kins. W. Va.
Occupation	<i>House Wife</i>		Where Residing if not at place of death	<i>Cumberland</i>	
Married, Single or Widowed	Married	Name of Wife or Husband	<i>William Ross Gison</i>		
Father's Name	<i>Paxiel Harper</i>			Father's Birthplace	<i>Pewersly, W. Va.</i>
Mother's Maiden Name	<i>Sattie Ann Earle</i>			Mother's Birthplace	<i>Pewersly, W. Va.</i>
Name of person giving Information	<i>Albert E. Gison</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

120

Primary	<i>Ch. Parench. Nephritis</i>	How long	<i>About 3 yrs</i>
Immediate	<i>Dilated heart &amp; exhaustion</i>	How long	<i>14 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward Harris</i>
		Address	<i>Cumberland Md.</i>
Accident or Suicide	<i>X</i>		

1  
PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John F Gordon*  
Died at *Cumberland* <sup>town</sup> *Alleg* <sup>County</sup>

MARYLAND

Date of death 1909 <sup>Month</sup> *Mar* <sup>Day</sup> *3* Age <sup>Years</sup> *8* <sup>Months</sup> *8* <sup>Days</sup> *—*

Sex *Male* Color or Race *Colored* Birth-place *Cumt d.*

Occupation *Student* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John. F. Gordon Sr.*

Father's Birthplace *Va*

Mother's Maiden Name *Rebecca Jackson*

Mother's Birthplace *Md*

Name of person giving Information *John F Gordon*

How related to deceased *Father*

CAUSES OF DEATH

**72**

PHYSICIAN  
OR CORONER

Primary *Infected wound from nail*

How long *10 days -*

Immediate *tetanus*

How long *36 hrs.*

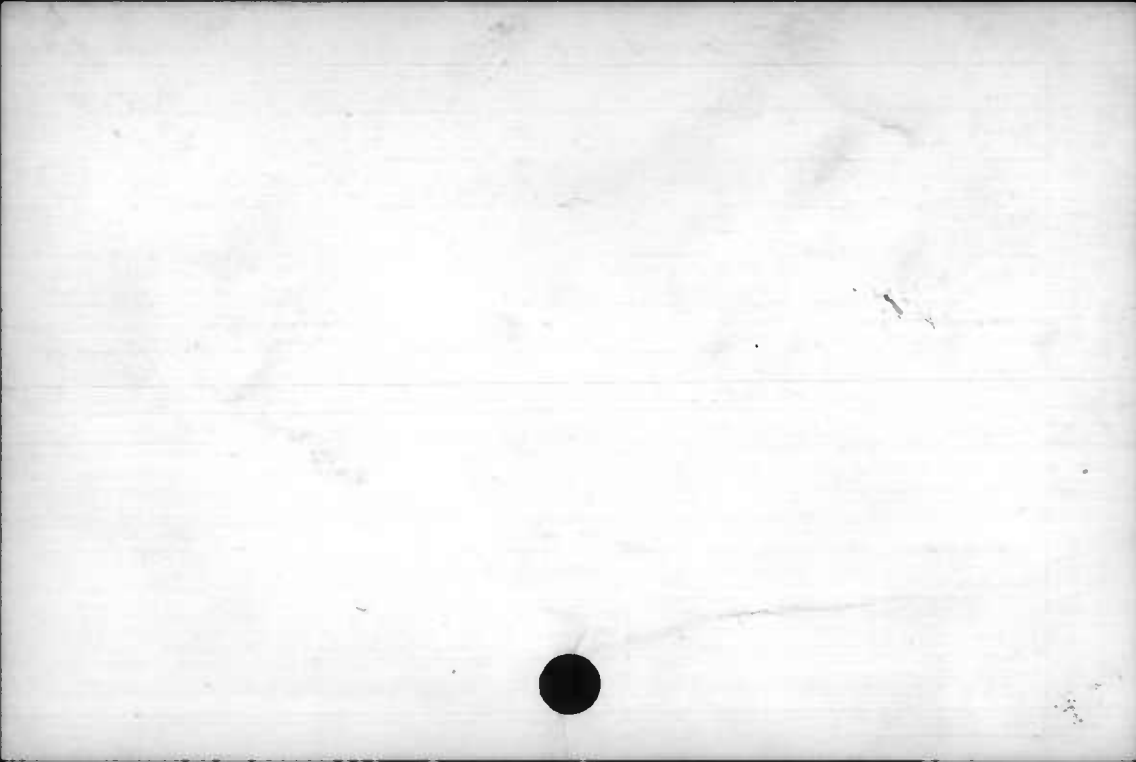
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Surgeon Thomas*

*Stein*

Address *104 W. Mechanic St.*

Accident or Suicide *accident*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

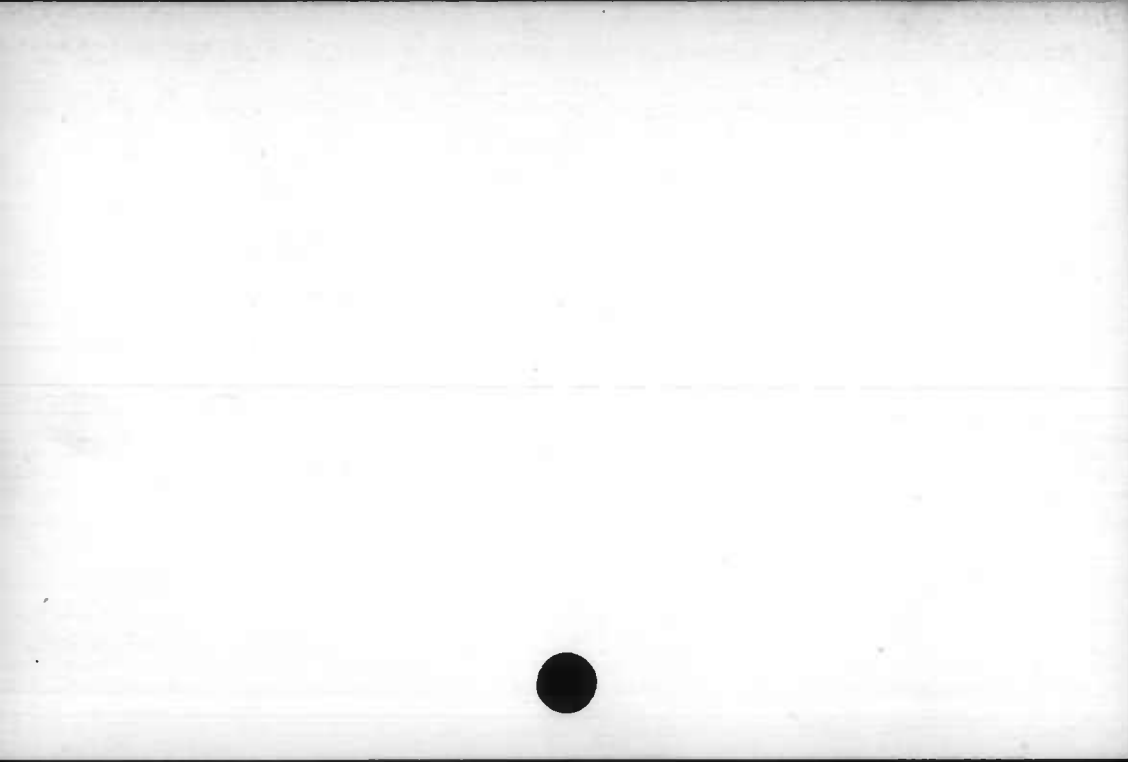
Name in Full <i>Jane Graham</i>		Town <i>Barton</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Barton</i>		Month <i>Mar</i>		Day <i>7</i>		Years <i>33</i>	
Date of death <i>1909</i>		Month <i>Mar</i>		Day <i>7</i>		Age <i>33</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Alleg. Co</i>		Months <i>6</i>	
Occupation <i>H.W.</i>		Where Residing if not at place of death <i>L</i>		Days <i>17</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Graham</i>					
Father's Name <i>Thomas Monray</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Jane Monray</i>		Mother's Birthplace <i>England</i>					
Name of person giving Information <i>Gas Graham</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary <i>gun shot wound</i>		How long <i>instant death</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. C. Boucher</i>	
		Address <i>Barton, Md</i>	
Accident or Suicide <i>suicid</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant James Hartsock

Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg

MARYLAND

Date of death 1909 <sup>Month</sup> Mar <sup>Day</sup> 7 Age <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race White Birth-place Cumberland

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James Hartsock Father's Birthplace Frostline Md

Mother's Maiden Name Ella May Stallings Mother's Birthplace Cook Mill Pa

Name of person giving Information James Hartsock How related to deceased Father

CAUSES OF DEATH

Primary *Immaturity & Birth* How long 2 1/2 mo

Immediate *Not known* How long —

Are the name, age, sex, color, date and place correctly given above? Yes.

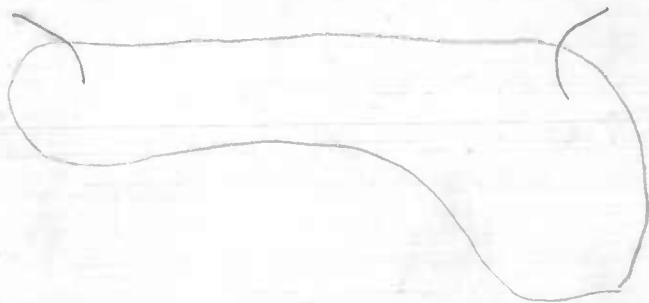
Signature of Physician W. A. Swigg

*Deceased*

Address *Cumberland, Md*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary K. Hendry.

CERTIFICATE OF DEATH

Diad at Cumtola Town Meegary County MARYLAND

Date of death 1909 March Month 22 Day Age 37 Years Months Days

Sex Female Color or Race White Birth-place Louving Hg.

Occupation Home Keeper Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Peter Hendry

Father's Name John W. Hamilton Father's Birthplace Scotland

Mother's Maiden Name Mary Kirkwood Mother's Birthplace Scotland

Name of parson giving Information Peter Hendry How related to deceased Husband

CAUSES OF DEATH

Primary Surg. Operation (abdom. Injur) How long 2 yr

Immediate Shock How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

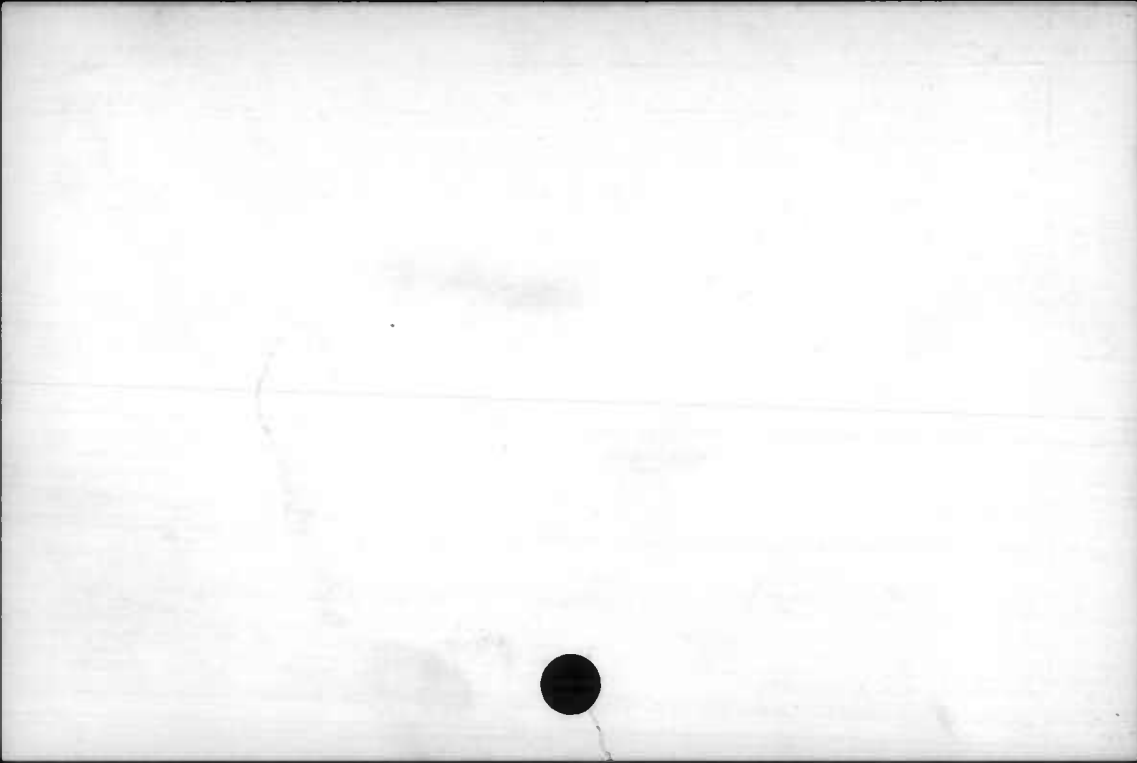
Signature of Physician M. A. Perry Address Cumtola Md

Accident or Suicide Louving

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I



Name  
in  
FullX  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name *Mr James Hughes Sr* Town *Lonaconing* County *Alleghany* **MARYLAND**

Died at *Lonaconing*

Date of death *1909* Month *March* Day *15* Age *61* Years Months *5* Days *—*

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of ~~Wife~~ *James Hughes Sr* Husband

Father's Name *Hugh Sauerborn* Father's Birthplace *Scotland*

Mother's Maiden Name *Margaret Sloan* Mother's Birthplace *Scotland*

Name of person giving Information *John Hughes* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

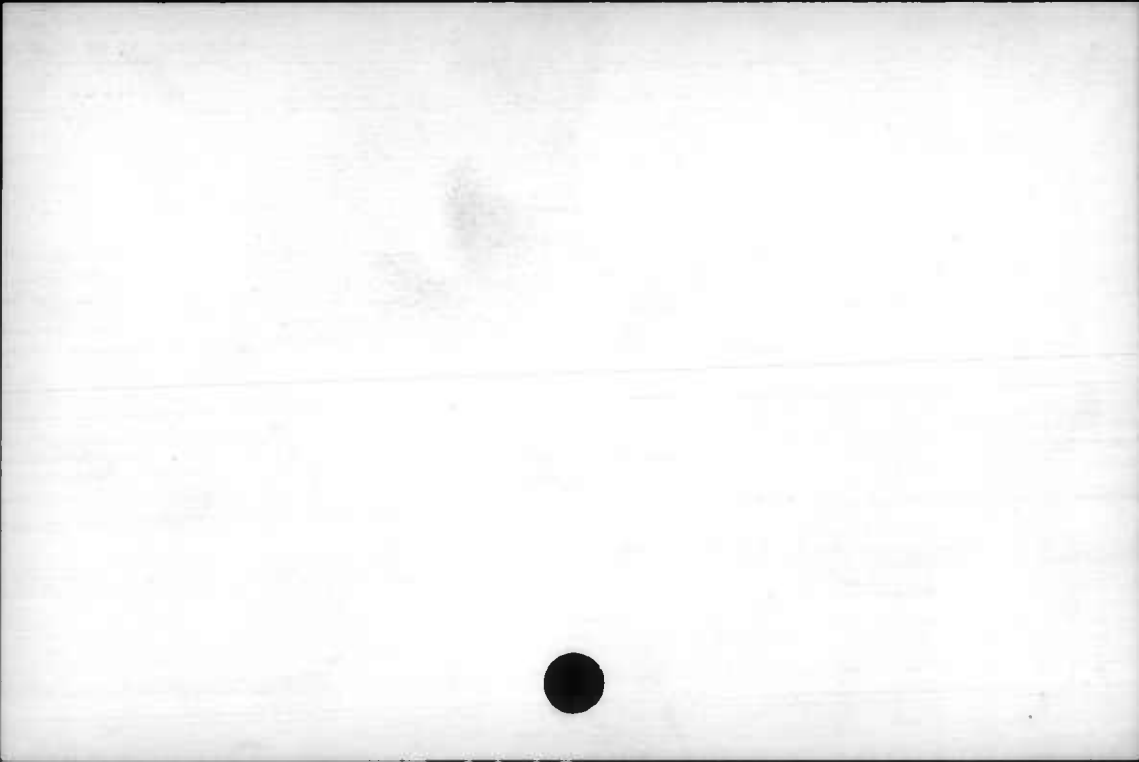
Primary *Chronic Endocarditis* How long *One year*

Immediate *Pulmonary Congestion & Exhaustion* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W B Skilling M.D.* Address *Lonaconing*

Accident or Suicide *No*



Name  
in  
Full

Hester Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

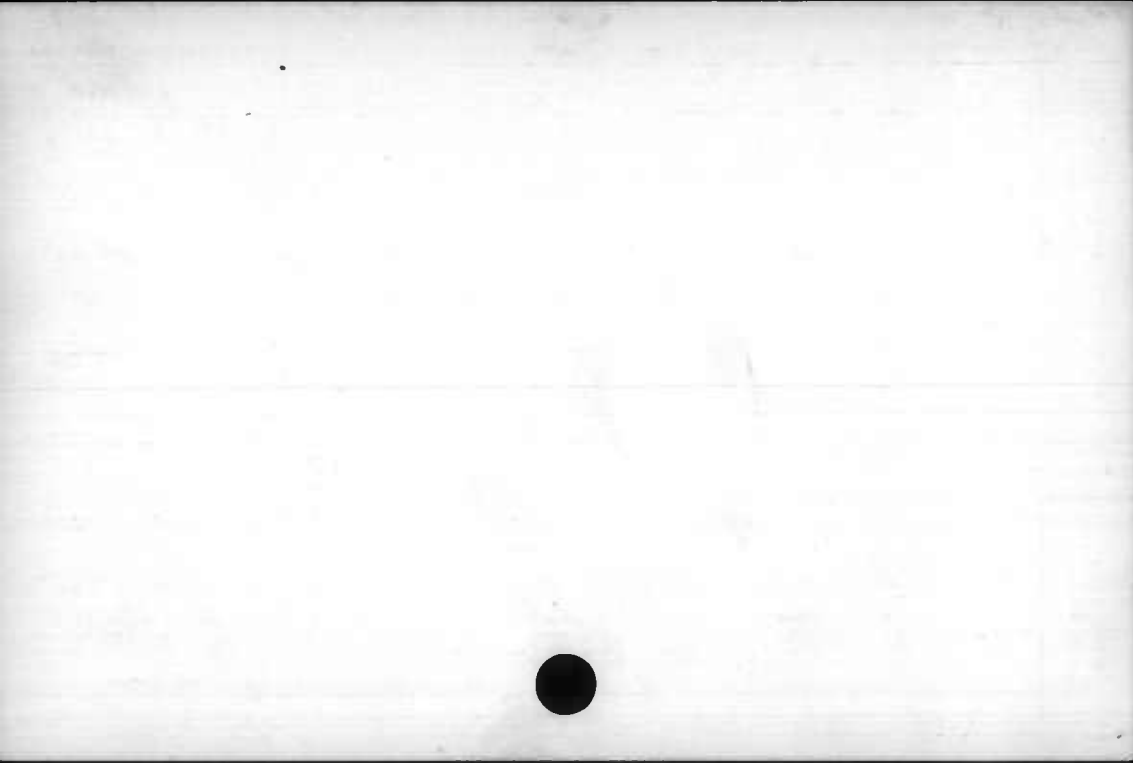
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		March	4	Age 33			
Sex	Female	Color or Race	Black		Birth-place	WV	
Occupation	Housewife		Where Residing if not at place of death		Cumberd Md		
Married, Single or Widowed	Married		Name of Wifs or Husband		Bernard Johnson		
Father's Name	Dart Kueser				Father's Birthplace	Dart Kueser	
Mother's Maiden Name	Dart Kueser				Mother's Birthplace	Dart Kueser	
Name of person giving Information	Bernard Johnson				How related to deceased	Husband	

CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary	Ruptured Subal Pregnancy		How long	10 days
Immediate	Septicemia		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. B. Celay, M.D.
Stem		Address	Cumberd Md	
Accident or Suicide		Berkeley Spgs WVa		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Lavina B. Kalbfus* Town *Frostburg* County *Allegheny* MARYLAND

Died at *Frostburg*

Date of death | 909 | Month 3 | Day 18 | Age 86 | Years 3 | Months 21

Sex *F.* Color or Race *W.* Birth-place *Maryland*

Occupation *W. W.* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Chas Kalbfus*

Father's Name *Dennis Beall* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth R. Hill* Mother's Birthplace *Maryland*

Name of person giving information *D. C. Beall* How related to deceased *Nephew*

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

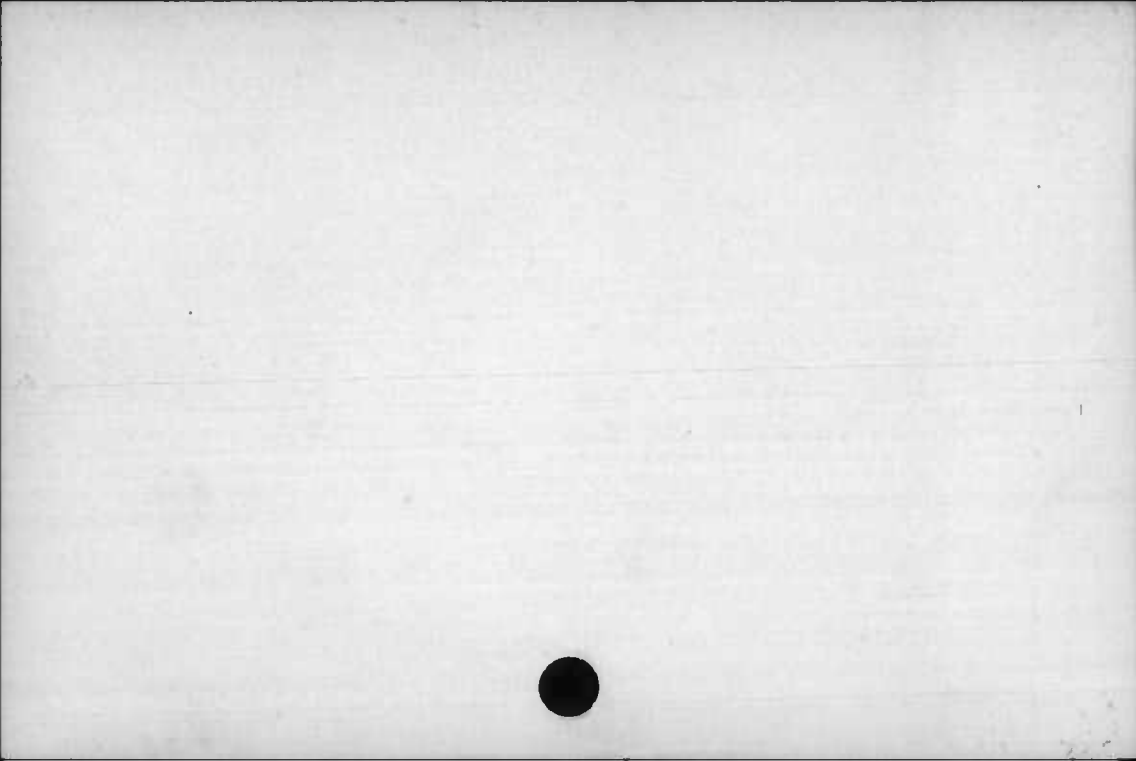
Primary *Carcinoma of breast* How long *2 yrs.*

Immediate *Senile decline* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. W. Kane*

Address *Frostburg Md*

Accident or Suicide? *—*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary J. Kelly

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date

of death

1909

Month

March

Day

1

Years

Age 30

Months

-

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

Wife

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles R. Kelley

Father's  
Name

Patrick Hogan

Father's  
Birthplace

Ireland.

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

D.K.

Name of person giving  
Information

Charles R. Kelley

How related  
to deceased

Husband

## CAUSES OF DEATH

27

Primary

Tuberculosis Pulmonary

How long

months

Immediate

Exhaustion

How long

days

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

J. H. Fochman

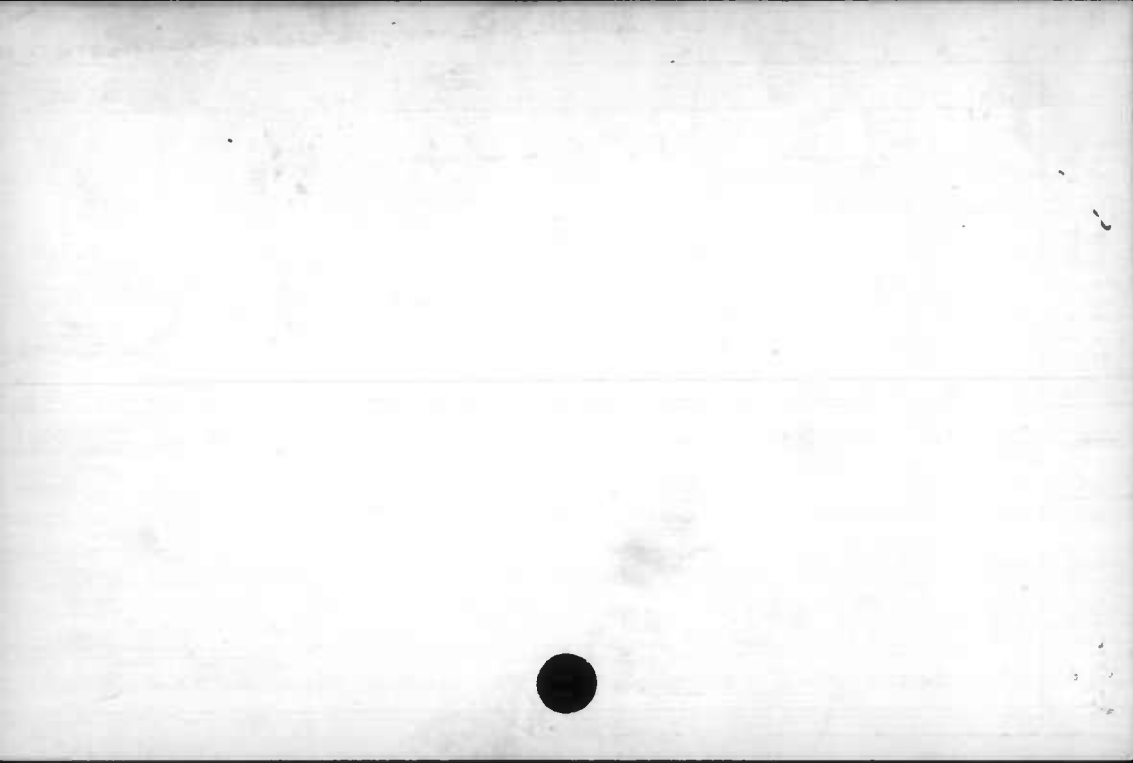
Address

20 Fochman

PHYSICIAN  
OR CORONER

1

Accident or Suicide



Name  
in  
Full

George F. Knowles.

CERTIFICATE OF DEATH

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1909	Month	<i>Mar</i>	Day	<i>31</i>
Age	<i>46</i>	Years		Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>England</i>
Occupation	<i>Music Teacher</i>		Where Residing if not at place of death <i>Travers City Mich</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Bessie Knowles</i>			
Father's Name	<i>Miles Knowles</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Do not know</i>			Mother's Birthplace	<i>England</i>
Name of person giving Information	<i>Bessie Knowles</i>			How related to deceased	<i>Wife</i>

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

93

Primary	<i>Lobar Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Edema of Lung &amp; Heart Failures</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Thos. N. Toan</i>	
<i>Stein</i>		Address	
		<i>Cumberland</i>	
Accident or Suicide		<i>Yes</i>	

PHYSICIAN  
OR CORNER

Mr Clements Mich

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

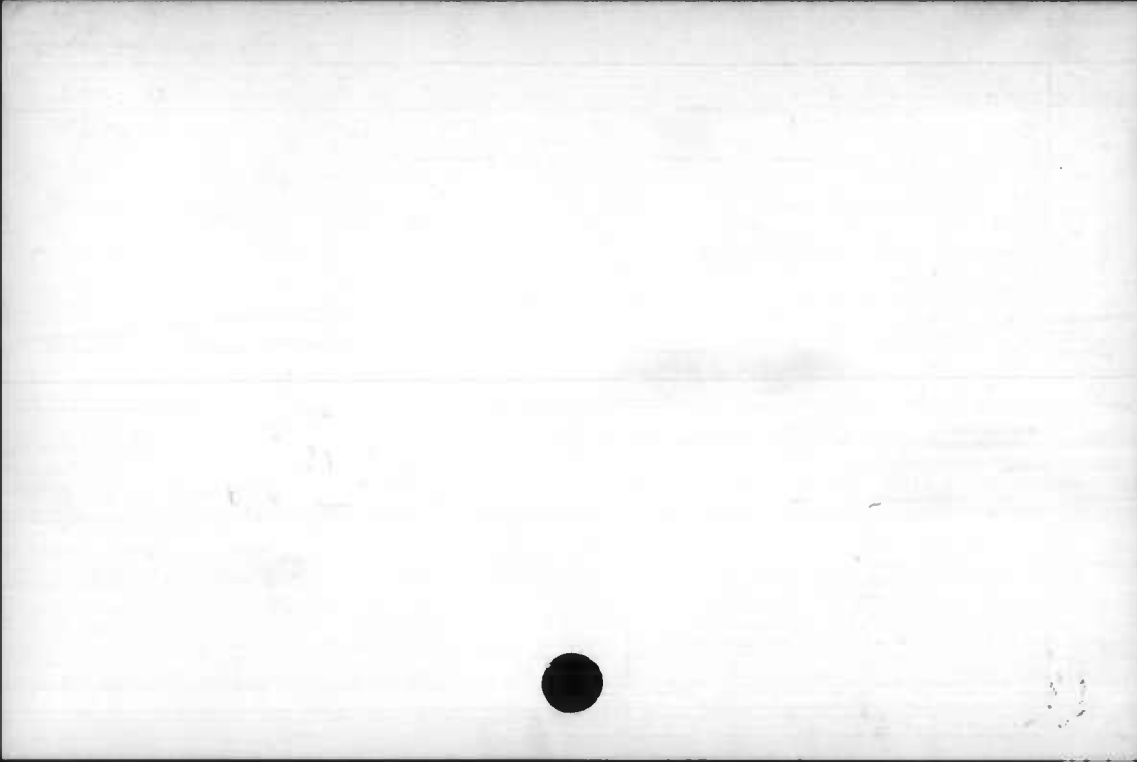
Name <i>John Koegel</i>		Town <i>Cumberland</i>		County <i>Alleg</i>		MARYLAND	
Died at		Month <i>Mar.</i>		Day <i>5</i>		Years <i>9</i>	
Date of death <i>1909</i>		Age <i>62</i>		Months <i>9</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Catherine K Koegel</i>		Father's Birthplace <i>Germany</i>			
Father's Name <i>John Koegel</i>		Mother's Name <i>Elizabeth Hammond</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Clarence Koegel</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary <i>Found Dead Lying in Chair</i>		How long	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J H Mark</i>	
<i>Steen</i>		Address <i>Cumberland Md</i>	
Accident or Suicide			



Name  
in  
FullX  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

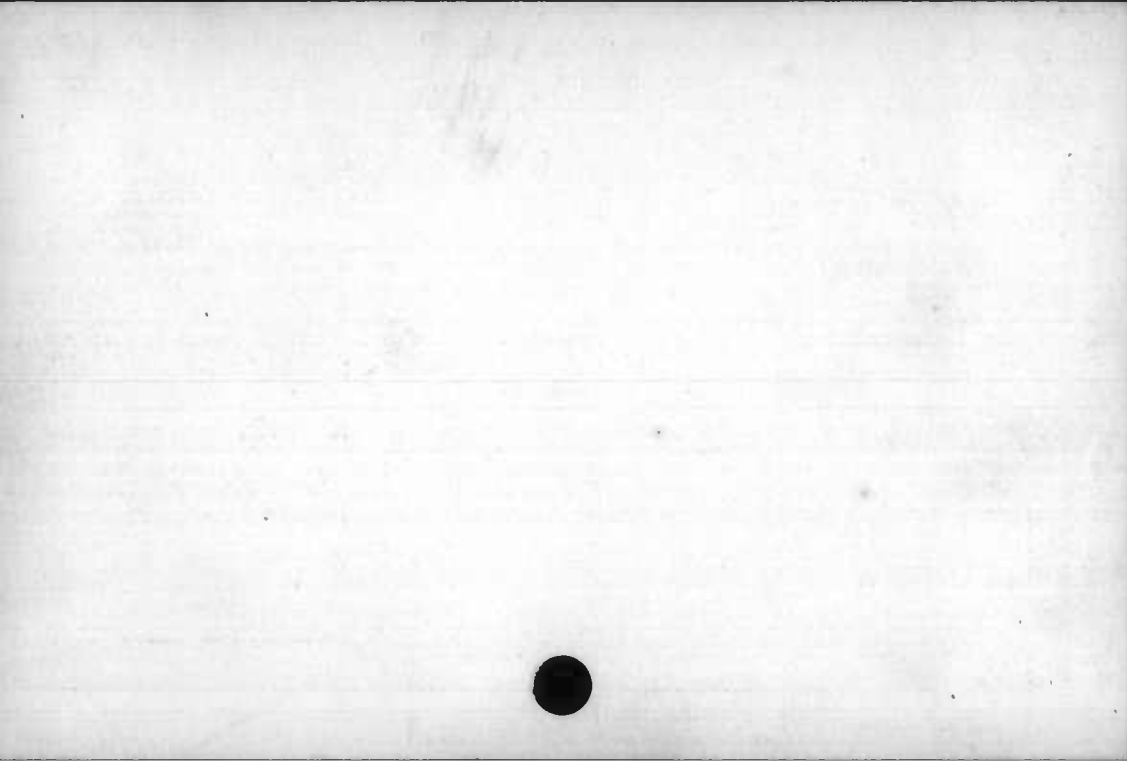
MARYLAND

Died at <i>Charles</i> Town		<i>Allegheny</i> County			
Date of death 190 <i>9</i>	Month <i>3</i>	Day <i>7</i>	Age Years <i>3</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Charles</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>nd</i>		
Name of Wife or Husband					
Father's Name <i>George Layman</i>			Father's Birthplace <i>Ganett Co, Md</i>		
Mother's Maiden Name <i>Mrs Crow</i>			Mother's Birthplace <i>11 11 11</i>		
Name of person giving In formation <i>Ernest Layman</i>			How related to deceased <i>Bro.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum &amp; Le. diff</i>	How long <i>3 dgs</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. L. Clymes</i>
	Address <i>Middlebush, Ind.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Isaiah Lovell

Died at Six Mile House Allegheny County MARYLAND  
 Date of death 1909 March 16 5 Age 5 Months — Days —  
 Sex male Color or Race white Birth-place Ridgely Tr, Va.  
 Occupation — Where Residing if not at place of death —

~~Married~~, SingleName of Wife or  
Husband —Father's  
NameMaylor LovellFather's  
BirthplaceEnglandMother's  
Maiden NameSappia WamplerMother's  
BirthplaceWilliamsport Pa.Name of person giving  
InformationMaylor LovellHow related  
to deceasedfather

## CAUSES OF DEATH

167

Primary

Scalded from hot water

How long

2 days

Immediate

scorpion Poison

How long

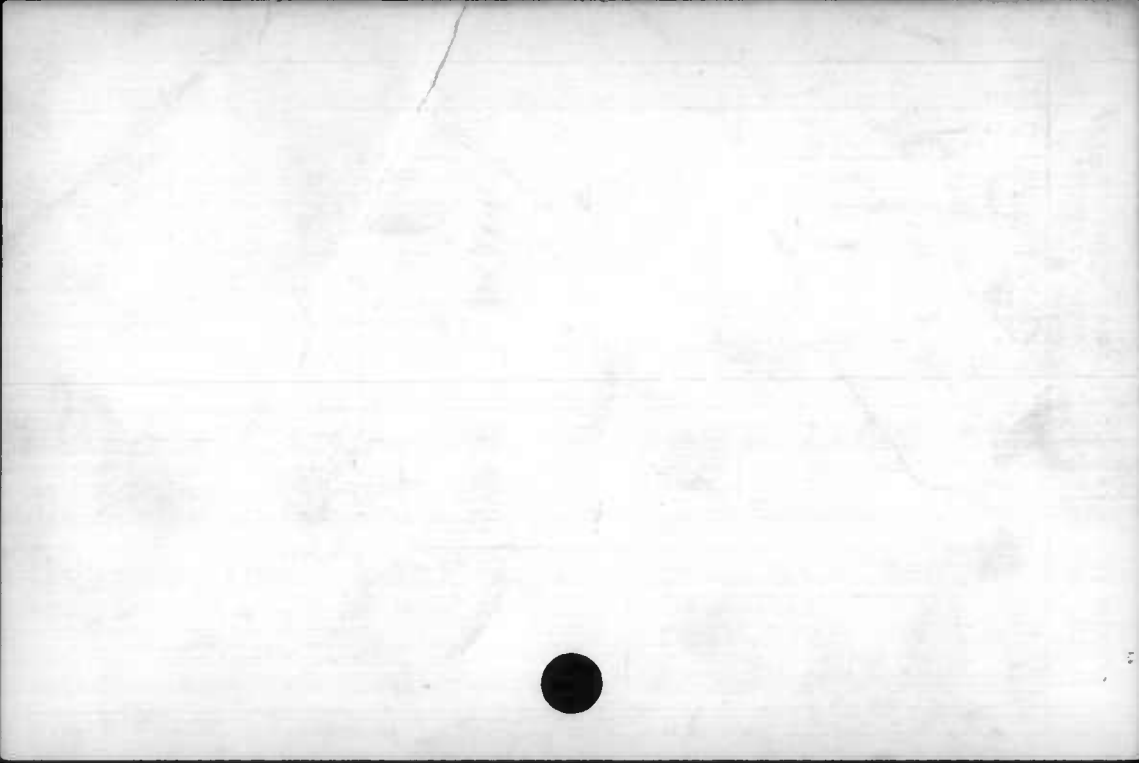
2 daysAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

G. L. Linniger  
Frostburg

Accident or Suicide

AccidentTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Anthony Luchram

CERTIFICATE OF DEATH

Died at Cubulaud alleg County  
 Date of death 1909 Mar 19 Age 86 Months Days  
 Sex Male Color or Race White Birth-place Germany  
 Occupation Blacksmith Where Residing if not at place of death —  
 Married, Single or Widowed Married Name of Wife or Husband Catherine Herber  
 Father's Name Luchram Father's Birthplace Germany  
 Mother's Maiden Name Don't Know Mother's Birthplace D.K.  
 Name of person giving Information Alphonso Luchram How related to deceased Son

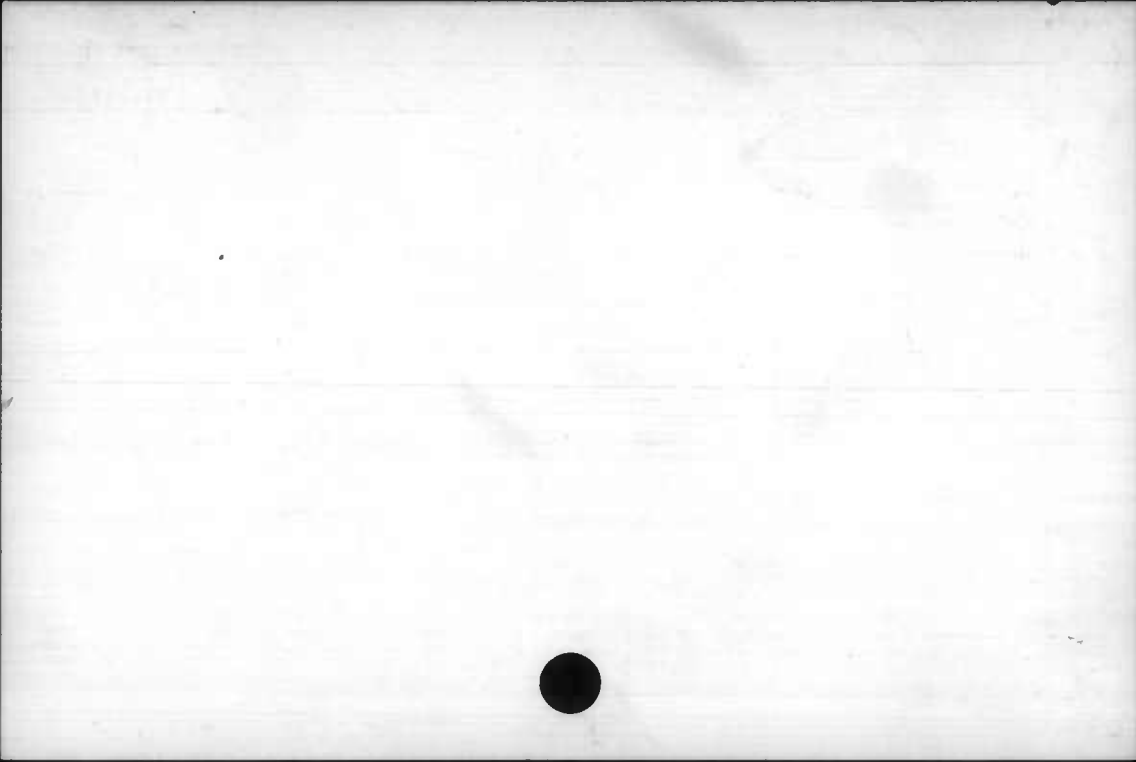
CAUSES OF DEATH

62

Primary Tuberc How long yes  
 Immediate Advanced ag. Exhaustion How long 18 months  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F. W. Fochsman  
Stue Address Quincy, Calif Mar  
 Accident or Suicida Foghtman

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
FullX  
CERTIFICATE OF DEATH

Thomas McBride

Town

County

MARYLAND

Died at

Lonaconing

Alleghany

Date

Month

Day

Years

Months

Days

of death

1909 March

28

Age

83

6

Sex

Male

Color or  
Race

White

Birth-  
place

Belfast Ireland

Occupation

Miner

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Rachel McMasters

Father's  
Name

Thomas McBride

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Agnes Miller

Mother's  
Birthplace

Ireland

Name of person giving  
In formation

Mrs McBride

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Bronchitis

How long

3 weeks

Immediate

Heart Failure

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

James O. Bullock M.D.

Address

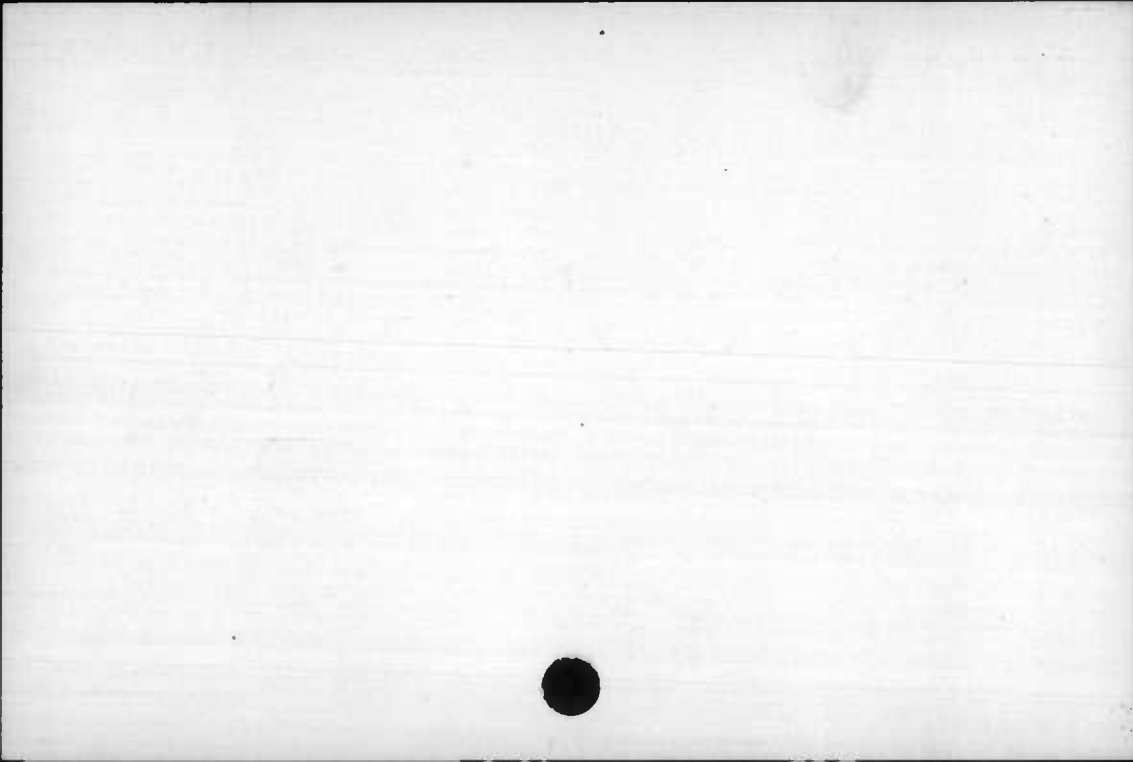
Lonaconing Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Elizabeth Reed McMillan

X  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

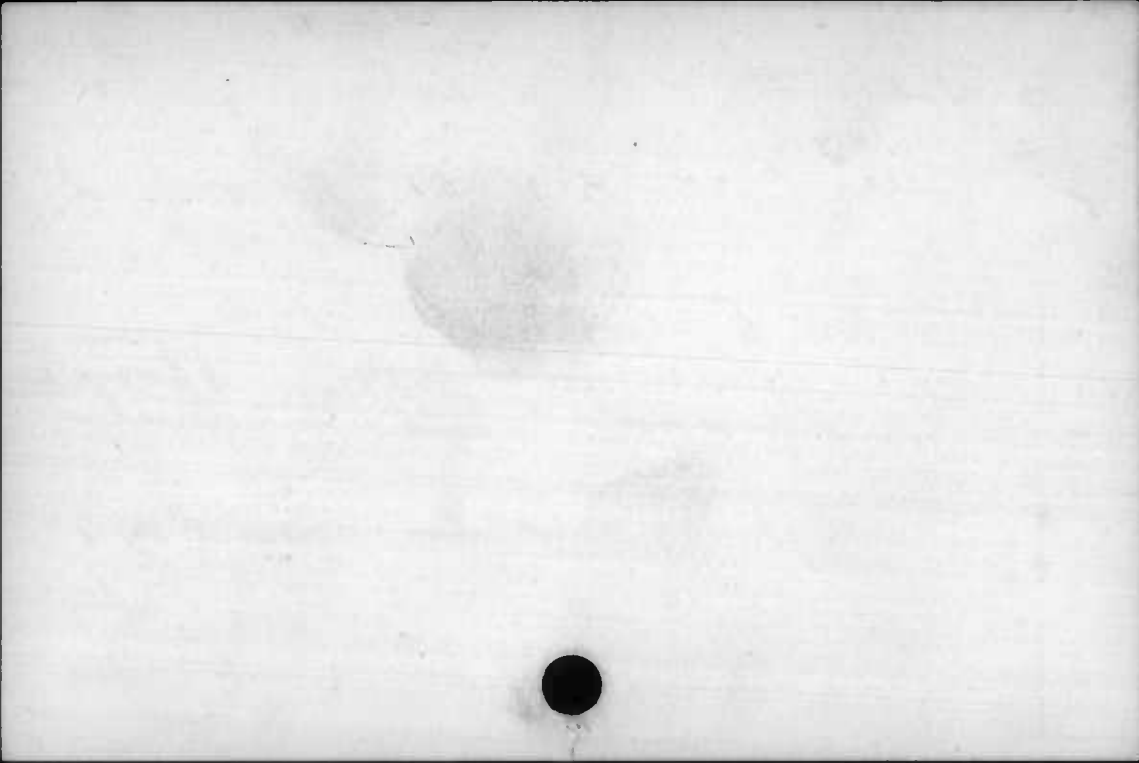
Died at		Town <i>Lonaconing</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1909	Month	March	Day	11	Age	77
						Months	5
						Days	27
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Scotland</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death <i>Borden shaft</i>			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>William B. McMillan</i>			
Father's Name	<i>Montgomery Brown</i>					Father's Birthplace	<i>Scotland</i>
Mother's Maiden Name	<i>Elizabeth Reed</i>					Mother's Birthplace	<i>Scotland</i>
Name of person giving information	<i>Marian Hutchinson</i>					How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis, asthma</i>	How long	<i>10 years</i>
Immediate	<i>acute asthmatic attack</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry M. Hodges</i>
		Address	<i>Lonaconing, Md</i>
Accident or Suicide?	<i>No</i>		





Name  
in  
FullX  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

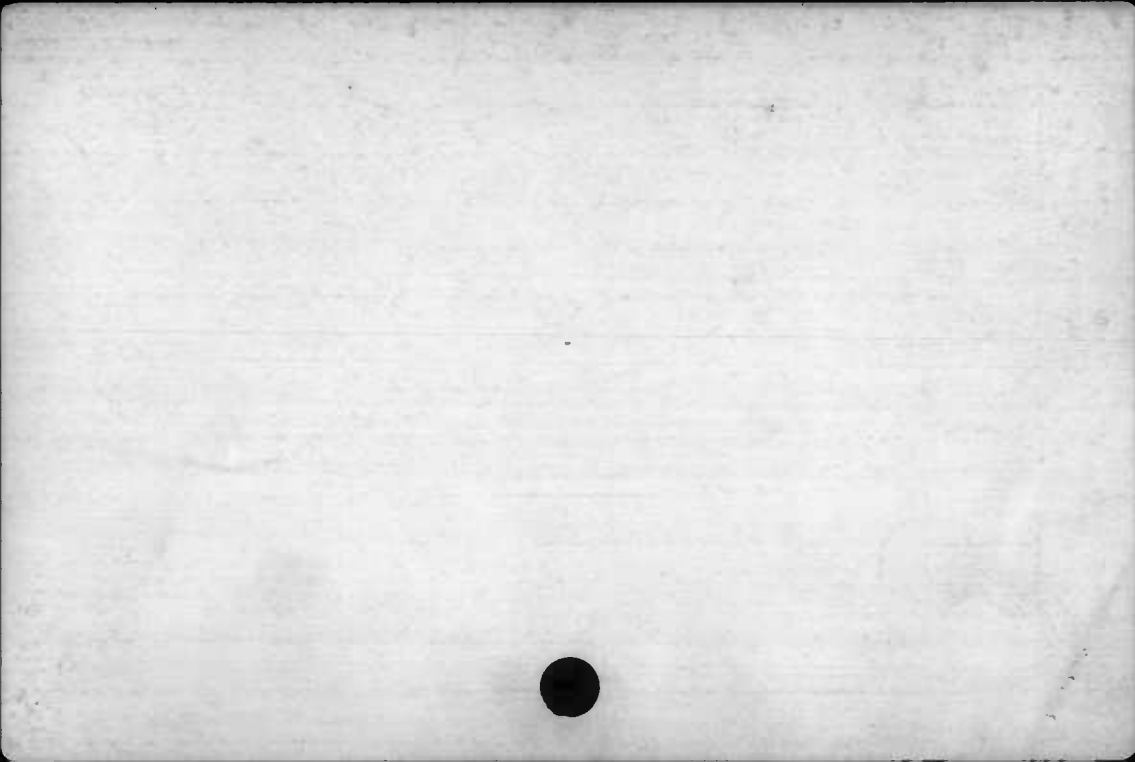
Name <i>Russell Theodore Martin</i>		Town <i>Esthport</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Esthport</i>		Date of death <i>1909</i>		Month <i>March</i>		Day <i>9</i>	
Age <i>1</i>		Years <i>1</i>		Months <i>6</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Cumberland</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Esthport</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John E Martin</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Mary Catharine Hummelwright</i>		Mother's Birthplace <i>Wt Savage</i>					
Name of person giving In formation <i>Leona Hummelwright</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro. Duodeno Colitis</i>		How long <i>about 4 wks</i>	
Immediate <i>Albuminuria</i>		How long <i>" 1 wk</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Holman</i>	
		Address <i>Esthport Mines</i>	
Accident or Suicide?		<i>Wm</i>	



Name  
in  
FullX  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

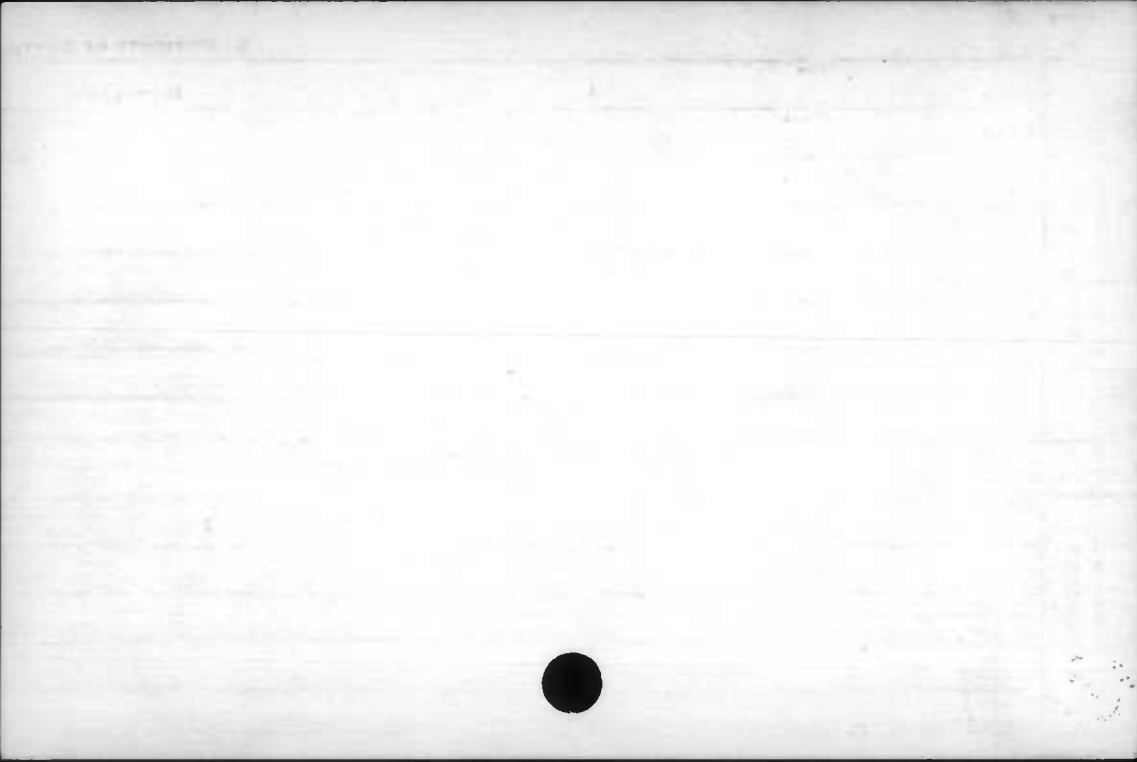
Died at		Town Mt Savage		County Alleghany		MARYLAND	
Date of death		1909	Month March	Day 12	Age 68	Years 3	Months Days
Sex Male		Color or Race White		Birthplace Maryland			
Occupation Farming		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Martha Martin					
Father's Name Jacob Martin		Father's Birthplace Maryland					
Mother's Maiden Name Lydia Bluebaugh		Mother's Birthplace Maryland					
Name of person giving Information Thomas Machine		How related to deceased Son in law					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Grippe	How long	3 Mo.
Immediate	Fetid Bronchitis	How long	1 Mo.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. A. E. Murray	
Address		Mt. Savage, Ind.	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

Died at *Emm* *Alleg* **MARYLAND**

Date of death 1909 *Mar* *19* Age *52* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Brushlayer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Bertha Mary*

Father's Name *Geo H Mary* Father's Birthplace *Germany*

Mother's Maiden Name *Maria Summer* Mother's Birthplace *Germany*

Name of person giving Information *Henry Mary* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Mitral Regurgitation* How long *5 yrs*  
Immediate *Gradual incompetence* How long *14 years*

Are the name, age, sex, color, date and place correctly given above? *yes*

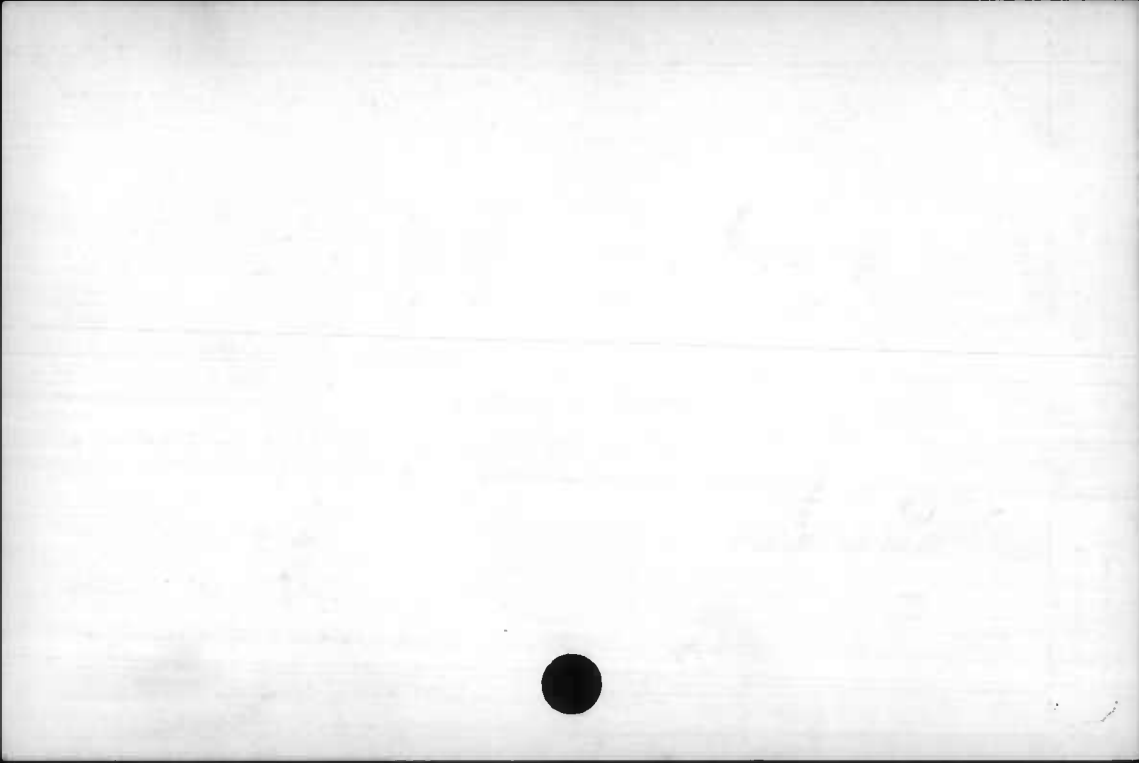
Signature of Physician *J. H. Kochman*

Address *Cumbe Land Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

Louisa Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtubland</i>		County <i>A</i>		MARYLAND	
Date of death 1909	Month <i>3</i>	Day <i>4</i>	Age <i>75</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Phintston Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>R. J. Miles</i>				
Father's Name <i>John Holtzman</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Hiltison</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>C. H. Holtzman</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>about one year</i>
Immediate <i>Paralysis</i>	How long <i>about two months</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*James W. ...*  
*Cumtubland*  
*Md*

Accident or Suicide

*✓*PHYSICIAN  
OF CORONER

100





Name  
in  
Full

Patrick Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		County		alleg		MARYLAND	
Date of death		1909	Month	Nov.	Day	15	Age	78	Years
Sex		Male		Color or Race		White.		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		—		—	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Margaret Mills		—	
Father's Name		John Mills		Father's Birthplace		Ireland		—	
Mother's Maiden Name		Bridget Ann Linegan		Mother's Birthplace		Ireland		—	
Name of person giving Information		Margaret Ann Mills		How related to deceased		Daughter.		—	

CAUSES OF DEATH

(56)

PHYSICIAN  
OR  
CORONER

Primary		alcoholism		How long		—	
Immediate		Heart failure brought on by drink		How long		one day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		G. H. Maury, Coroner	
—		Address		Cumberland		Md.	
Accident or Suicide		—		—		—	

Mary Johnson Pitts  
William) at home  
Margaret) 350-

Name in Full Amanda Susan Horn Murrie

## MARYLAND

Date of death 1909 2 21 Age 30 7 Months 7 Days

Occupation *Housewife* Where Residing if not at place of death *St. Paul, Minn.*

Father's Name Henry Harrison Father's Birthplace Shelburne, Pa.

Name of person giving Information	David Murrie	How related to deceased	Husband
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CAUSES OF DEATH

### CAUSES OF DEATH

Organism: *Chlorophyta* How long: *1*

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. J. Sullivan

Accident or Suicide ☒ ☐

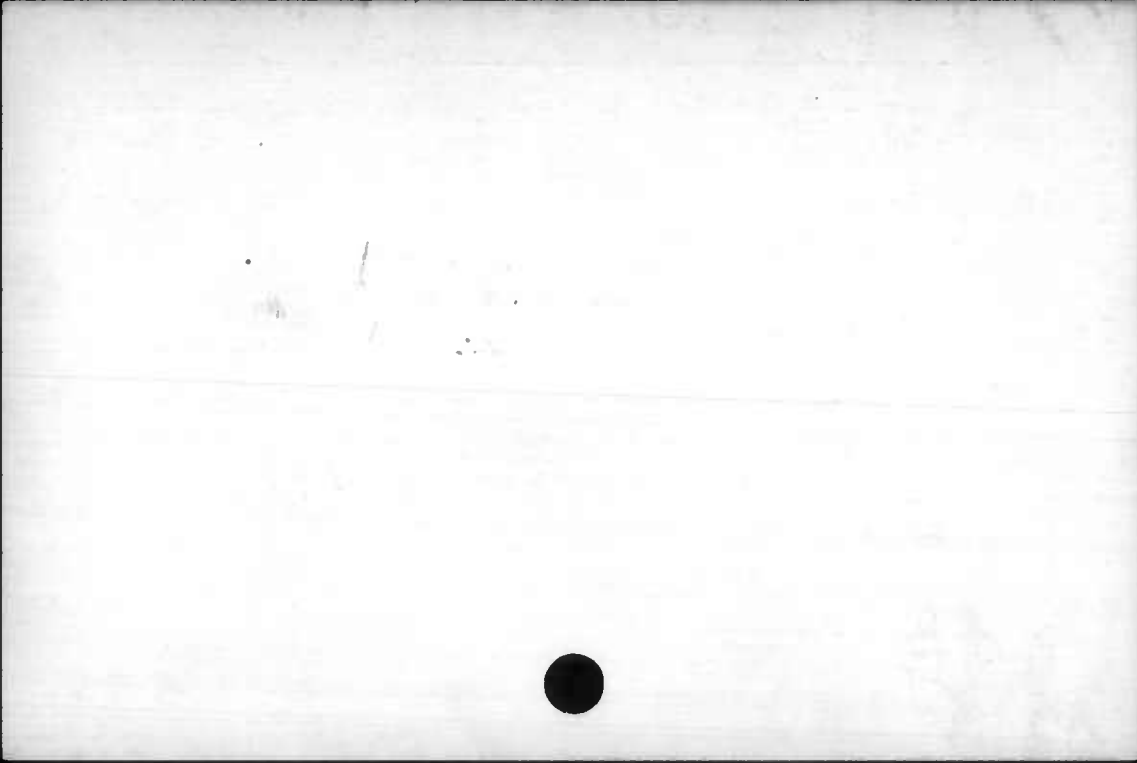
OFFICE SUPPLY CO. 11-1A-02

OFFICE SUPPLY CO. 11-15-68

**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
R CORONER

(1)



Name  
in  
Full

Anna Nicodemus

X  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at Put Savage Alligey **MARYLAND**  
 Town County  
 Date of death 190 9 March 11 Day 73 Years Months Days  
 Sex Female Color or Race White Birth-place Ind  
 Occupation Housewife Where Residing if not at place of death  
 Married, Single or Widowed Widow Name of Wife or Husband Henry Z. Nicodemus  
 Father's Name Wm. Carter Father's Birthplace Ind  
 Mother's Maiden Name Margaret Ann Schleider Mother's Birthplace Ind  
 Name of person giving Information John Nicod How related to deceased Son

## CAUSES OF DEATH

80

Primary Angina Pectoris How long 1 year  
 Immediate Heart Failure How long immediate

Are the name, age, sex, color, date and place correctly given above?

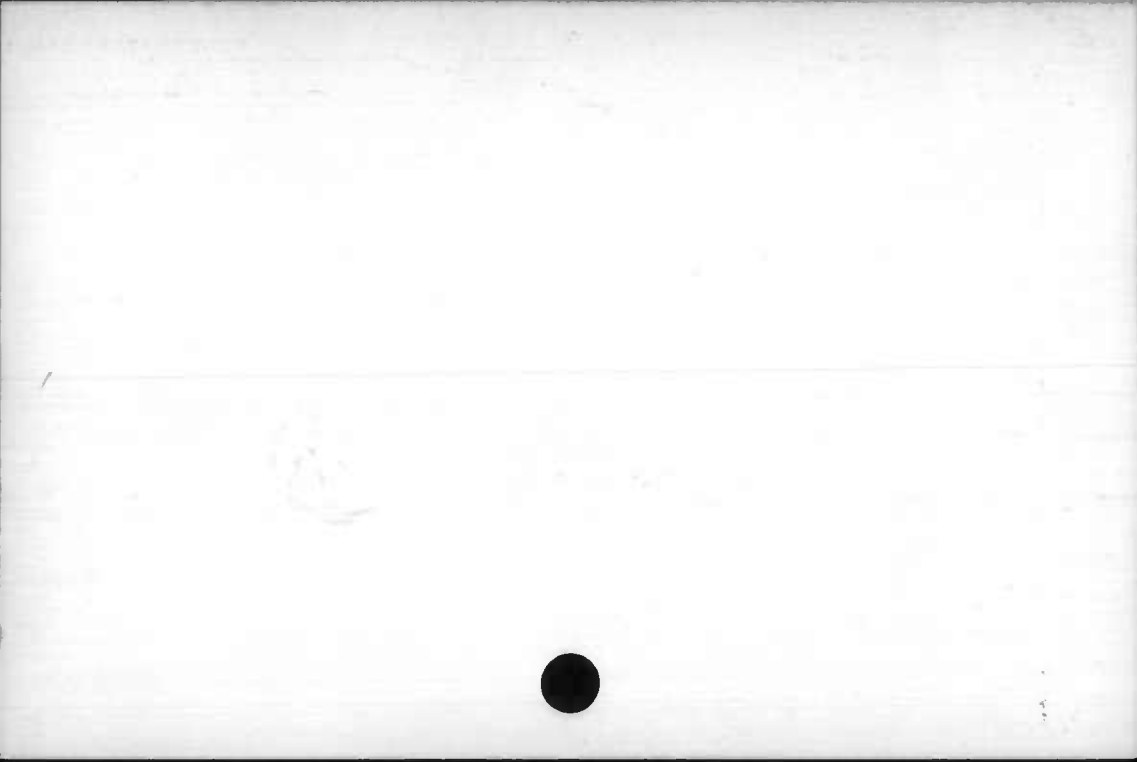
Signature of Physician

Address

F. Alan E. Murray  
Put Savage  
Ind

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full1  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

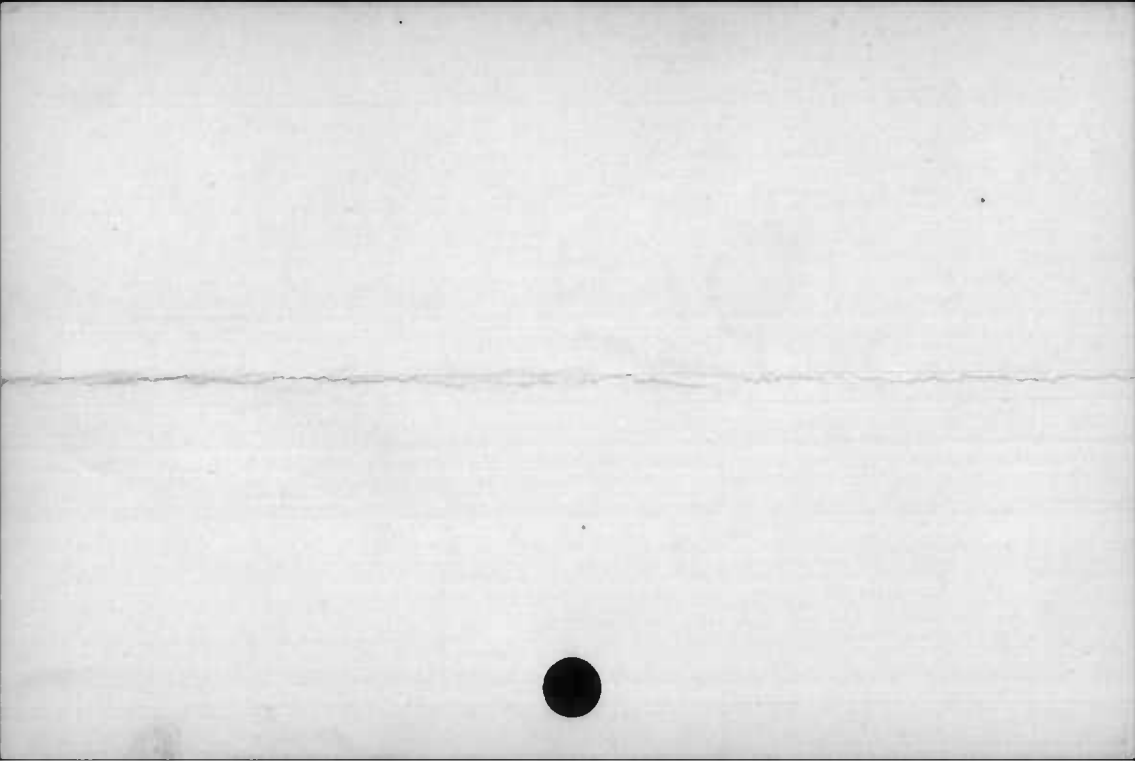
Name in Full <i>Mary Nicolo</i>		Town <i>Hosburg</i>		County <i>Ally</i>		MARYLAND	
Died at <i>Hosburg</i>		Date of death <i>9 Mar 1909</i>		Age <i>8</i> Years <i>1</i> Months <i>2</i> Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>R. Nicolo</i>					
Father's Name <i>Samuel Nicolo</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Rose Aquila</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Samuel Nicolo</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Patient was murdered when</i>	How long <i>—</i>
Immediate <i>seen, Cause unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Ober</i>
	Address <i>Frederick, Md.</i>
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">I</div> Accident or Suicide?	





Name  
in  
Full

Joseph E. Kield

CERTIFICATE OF DEATH

Died at

Cumtob

County

Allegheny

MARYLAND

Date

of death 1909

Month

March

Day

15

Years

Age 55

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

W. Va

Occupation

Fireman

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Racheal E. Kield

Father's  
Name

Robert Kield

Father's  
Birthplace

W. Va.

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Do not know

Name of person giving  
Information

George H. Kield

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Locomotor Aneurysm

How long

2 1/2 yrs

Immediate

Mitral Insufficiency

How long

6 mos

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. B. Delanybrook

Address

Cumtob

Accident or Suicide

Commence and

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Brownsville H. Co. Md  
via Washington =

Name  
in  
Full

*Ella Northcraft*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *New Cumberland* <sup>Town</sup> *Allegh* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *Mar* <sup>Day</sup> *26* Age *—* <sup>Years</sup> *—* <sup>Months</sup> *9* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Waller Northcraft* Father's Birthplace *Pa.*

Mother's Maiden Name *Indie Cavender* Mother's Birthplace *Pa.*

Name of person giving Information *Walter Northcraft* How related to deceased *Father*

CAUSES OF DEATH

Primary *Whooping cough* How long *2 months*  
Immediate *Pneumonia* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M W Hodgson*

Address *Wiley Hodgson*

PHYSICIAN  
OR CORONER

*1*

Accident or Suicide *Fairview church Pa.*

Glennville Pa

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>24</i>	Age <i>64</i>	Years	Months <i>2</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Peter Nurse</i>						
Father's Name <i>(unknown) Baker</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>(unknown) Baker</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Peter Nurse</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long <i>26 days</i>
Immediate <i>Exhaustion &amp; Septicemia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadbent</i>
Address <i>Cumberland</i>	
Accident or Suicide? <i>Accident</i>	<i>yes</i>

By heat from oil taking fire while preparing  
ointment, the flames communicating to her clothing,  
causing Burns.

Name  
in  
Full

## CERTIFICATE OF DEATH

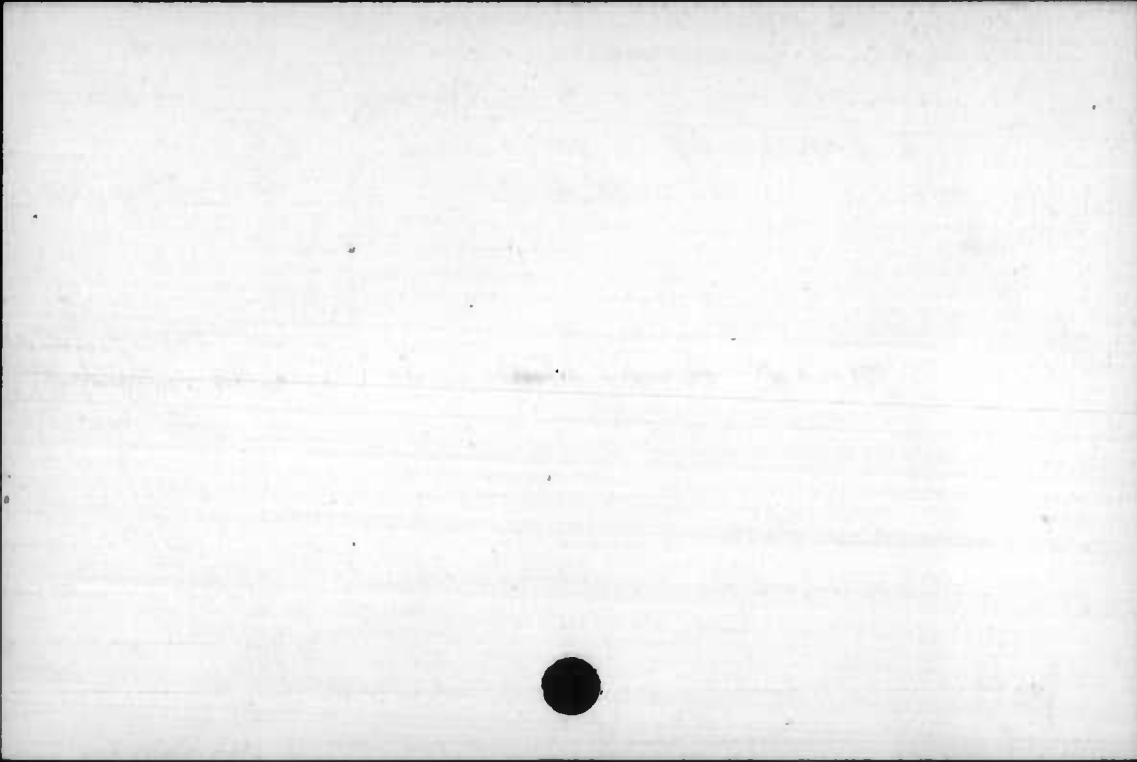
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barton</i>		Town		<i>Allegheny</i>		County	
Date of death <i>1909 March</i>		Month		Day <i>27</i>		Years	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>about 80</i>		Months	
Occupation <i>Coal miner</i>		Where Residing if not at place of death <i>Barton Md.</i>		Birth-place <i>Wicklow co. Ireland</i>		Days	
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband		Father's Name <i>John O'Toole</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Margaret Marshall</i>		Name of person giving information <i>Charles O'Toole</i>		Mother's Birthplace <i>Ireland</i>		How related to deceased <i>1st cousin</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary	How long
Immediate <i>General debility</i>	How long <i>Two years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. McNamee</i>
	Address <i>Barton Md.</i>
Accident or Suicide?	





Name  
in  
Full

*Ella. Plummer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

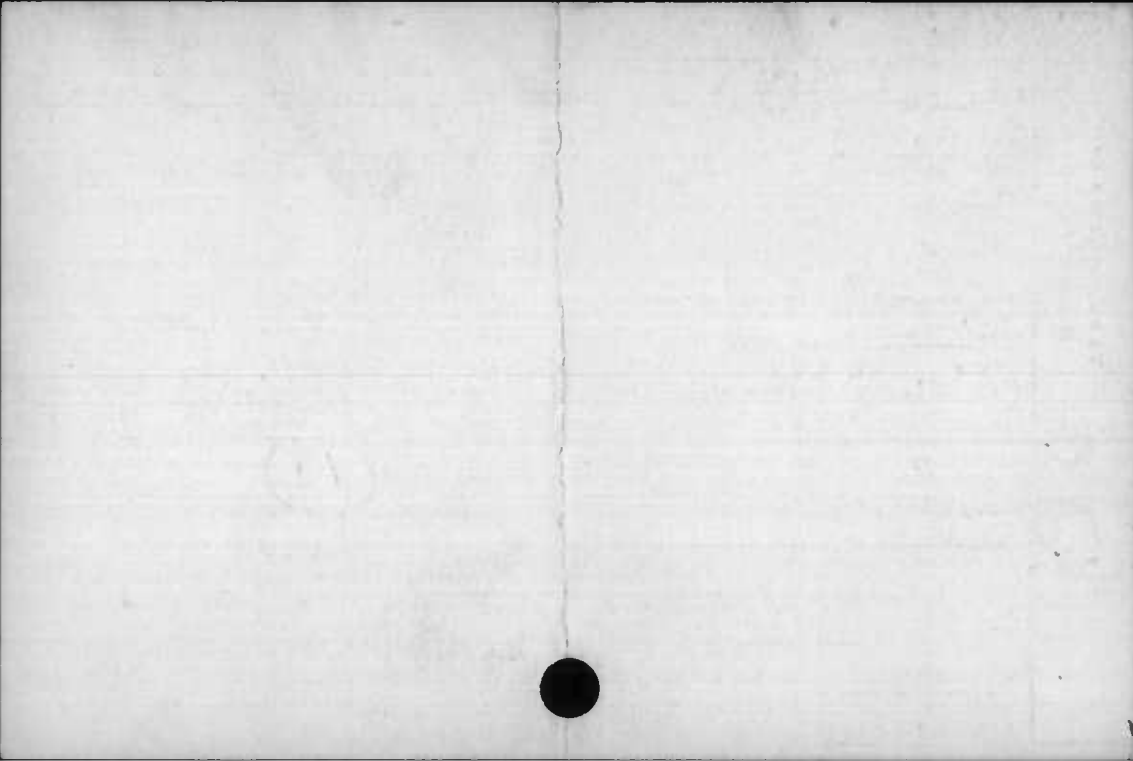
Died at <i>Frostburg</i> <small>Town</small>		<i>Alleg</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>17</i>	Age <i>16</i>	Months <i>16</i> Days <i>—</i>
Sex <i>F</i>	Color or Race <i>white</i>		Birth-place <i>Frostburg Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Albert Plummer</i>			Father's Birthplace <i>Frostburg Md</i>		
Mother's Maiden Name <i>Maud Richards</i>			Mother's Birthplace <i>Frostburg Md</i>		
Name of person giving information <i>Albert Plummer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

*19*

PHYSICIAN  
OR CORONER

Primary <i>Chicken Pox</i>	How long <i>3 days</i>
Immediate <i>Convulsions (Seizure)</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Griffith</i>
	Address <i>Frostburg Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Pool*

Died at *County Home* *Allegheny* County *MARYLAND*

Date of death 190 *9* Month *Mar* Day *29* Age *54* Years Months *5* Days *1*

Sex *Male* Color or Race *White* Birth-place *England*

Married, Single or Widowed *Single* Occupation *Miner*

Name of Wife or Husband *None*

Father's Name *Newtown* Father's Birthplace *England*

Mother's Maiden Name *Newtown* Mother's Birthplace *England*

Name of person giving information *Peter Wilson* How related to deceased *None*

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *old age* How long *beno.*

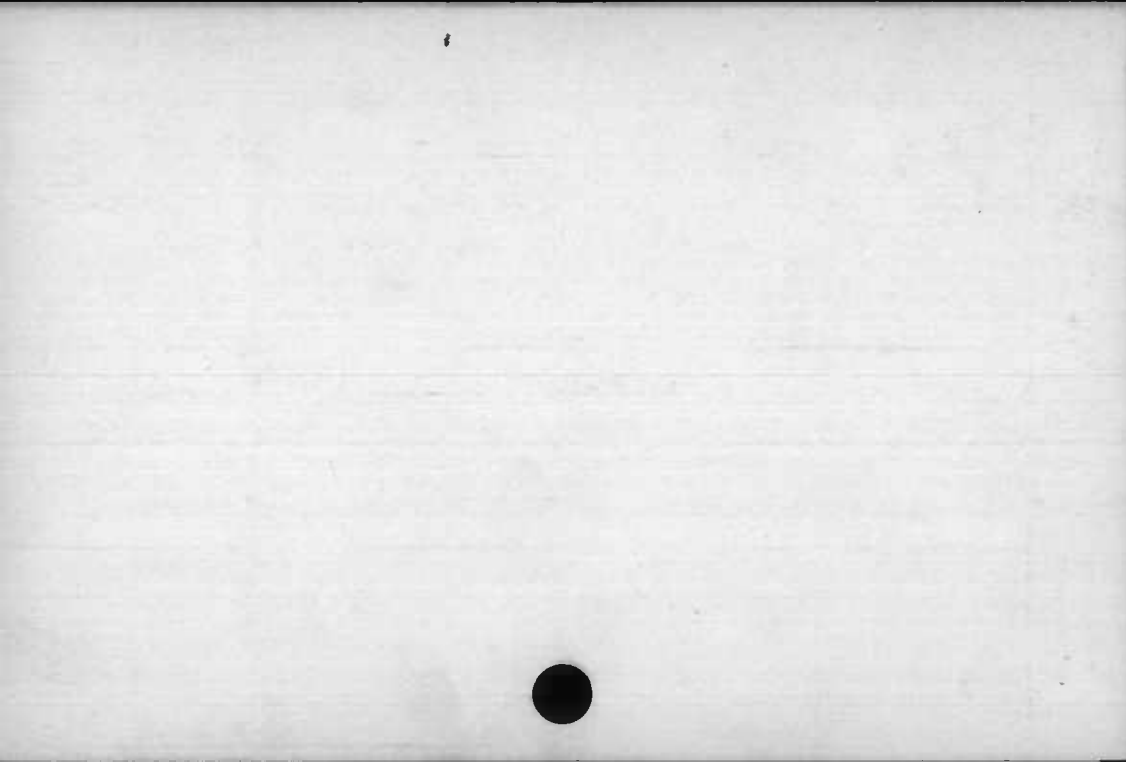
Immediate *Exhaustion* How long *beno.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. F. J. [illegible]*

Address *Allegheny City*

Accident or Suicide? *None*



Name  
in  
Full

Charles H. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Grahamstown</u>		County <u>Allegheny</u>		MARYLAND	
Date of death	1909	Month	March	Day	25	Age	Years 24 Months 1 Days -
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Miner			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Lizzie Miller			
Father's Name	George Porter				Father's Birthplace	Maryland	
Mother's Maiden Name	Evelyn Burton				Mother's Birthplace	Maryland	
Name of person giving information	Jacob Miller				How related to deceased	Bro. in law	

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary	Gun shot wound		How long	Immediate
Immediate	Hemorrhage of brain		How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Frostburg	
Accident or Suicide?		Yes		

J. C.

Porters Cemetery

Exhibit

Name  
in  
Full

Charles H. Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

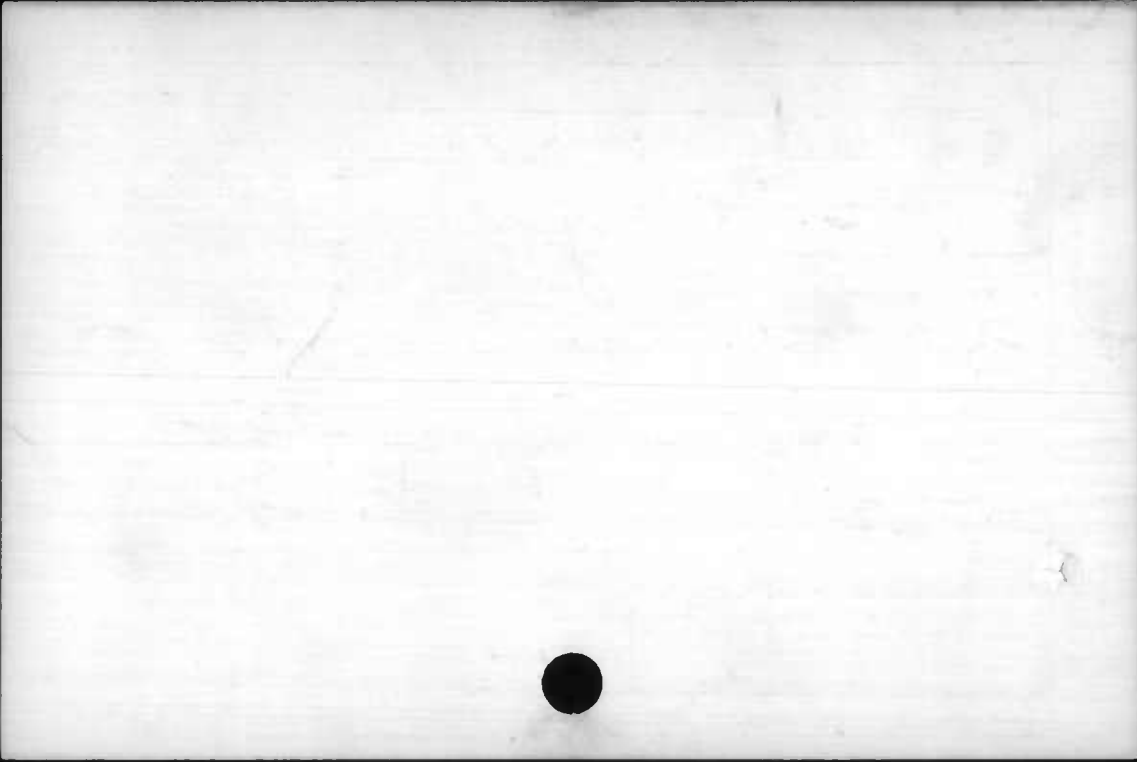
Died at <u>Cumtland</u> <sup>Town</sup>		<u>Alleg</u> <sup>County</sup>		MARYLAND	
Date of death 1909 <u>Mar.</u> <sup>Month</sup>		<u>17</u> <sup>Day</sup>	Age <u>18</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Brown b'd</u>			
Occupation <u>clerk.</u>	Where Residing if not at place of death <u>Green St.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>— None</u>				
Father's Name <u>Charles C. Porter</u>	Father's Birthplace <u>Oakland Md</u>				
Mother's Maiden Name <u>Jessie Jones.</u>	Mother's Birthplace <u>Brown b'd</u>				
Name of person giving Information <u>Chas. C. Porter</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary <u>Nail Penetration of Foot</u>	How long <u>17 days</u>
Immediate <u>Tetanus</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. B. Blaylock</u>
<u>Shain</u>	Address <u>Cumtland</u>
Accident or Suicide <u>Accident</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

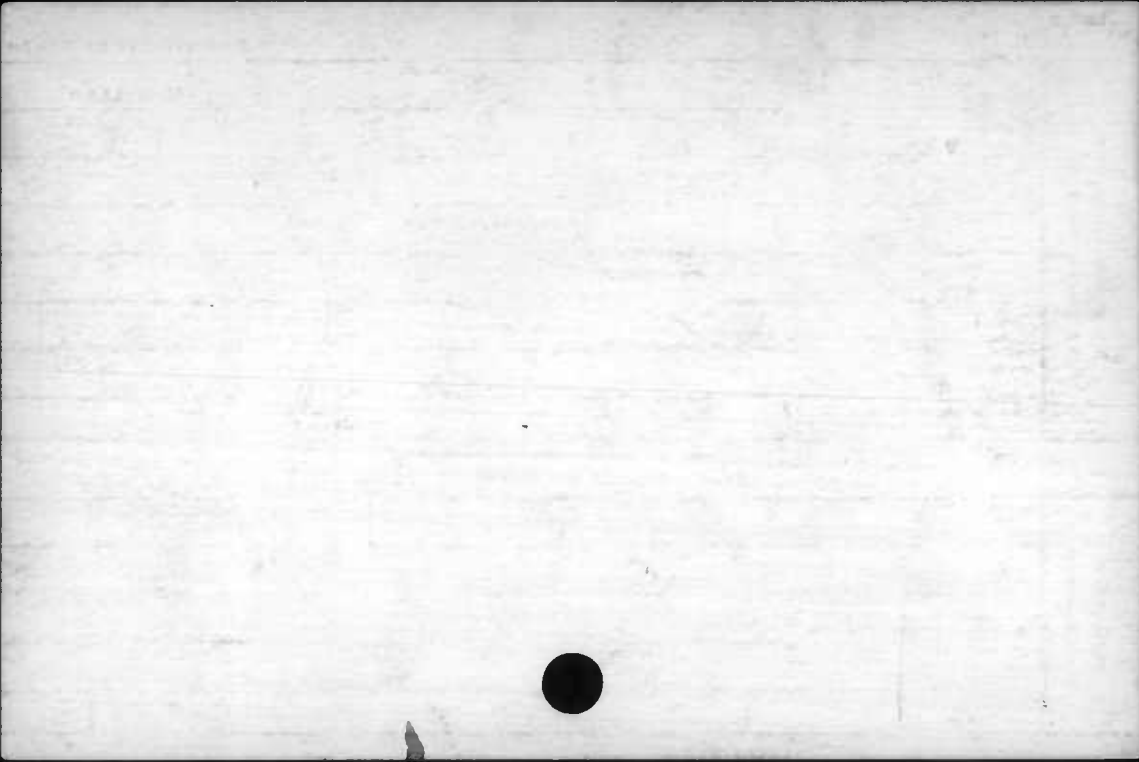
Name in Full <i>Henry Porter</i>		Town <i>Sylvan Retreat</i>		County <i>allentown</i>		State <i>MARYLAND</i>	
Died at		Month <i>9</i>		Day <i>30</i>		Year <i>80</i>	
Date of death		Month <i>9</i>		Day <i>30</i>		Year <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>John Porter</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Next known</i>		Mother's Birthplace <i>Next known</i>					
Name of person giving Information <i>See Hice</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>21 M.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. F. T. T. T. T.</i>
<i>Steel</i>	Address <i>Cumberland MD</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Patrick Pyle -

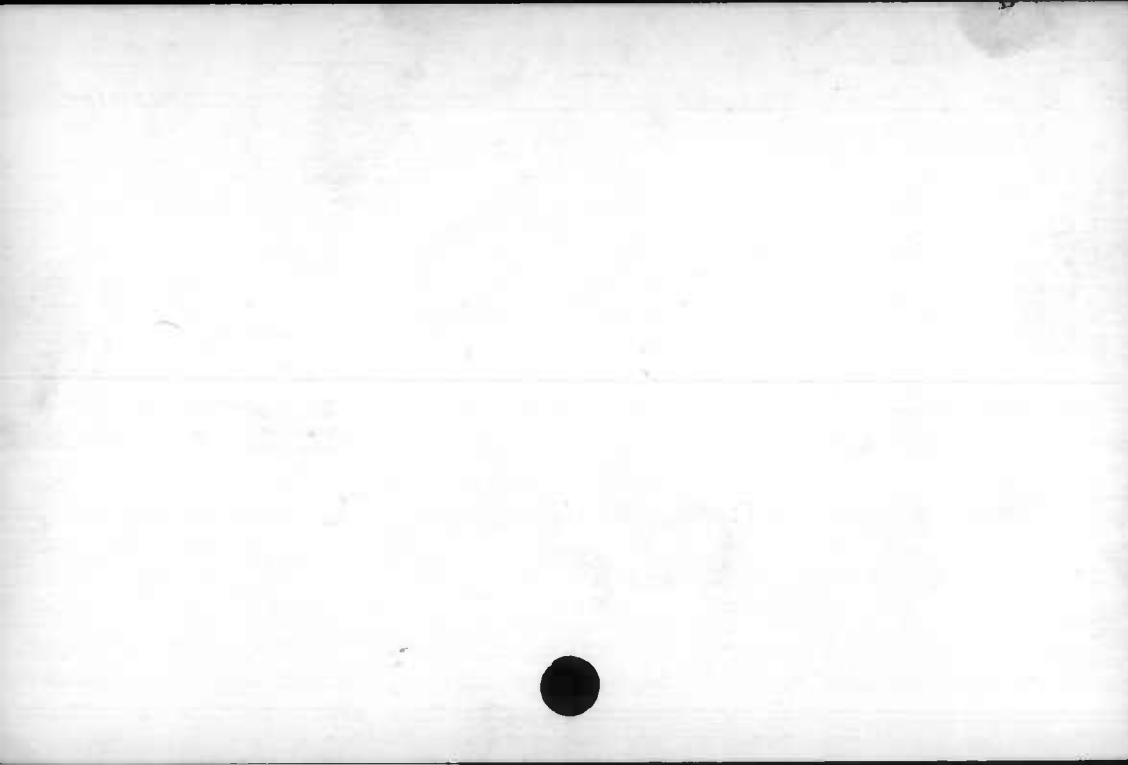
Died at		Town		County		MARYLAND	
Vale Summit		Allegany					
Date of death	1909	Month	March	Day	18	Age	50
Sex	Male	Color or Race	White	Birth-place	South Carolina		
Occupation	Saloon Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Pyle			Father's Birthplace			
Mother's Maiden Name	Catherine Dougherty			Mother's Birthplace			
Name of person giving Information	John Shutzger			How related to deceased			
			Brother in Law				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Cardiac Asthma	How long	5 Years
Immediate	Heart Insufficiency	How long	Several Months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. G. Smith	
Address		Madison Md	
Accident or Suicide			



Name  
in  
Full

Robert H. Reid

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland <sup>Town</sup> Alleg. <sup>County</sup> MARYLAND  
Date of death 190 9 <sup>Month</sup> Mar <sup>Day</sup> 3 Age 66 <sup>Years</sup> 6 <sup>Months</sup> 0 <sup>Days</sup> 0  
Sex Male Color or Race White Birth-place Cumhd  
Occupation Fireman & Eng. Where Residing if not at place of death —  
Married, Single or Widowed Married Name of Wife or Husband Bidget Reid  
Father's Name Geo. Reid Father's Birthplace Cumhd  
Mother's Maiden Name D. H. Mother's Birthplace D. H.  
Name of person giving Information Alfred Reid How related to deceased Son

CAUSES OF DEATH

79

Primary Organic Heart Disease Edema of Lungs How long several years  
Immediate Edema of Lungs How long 6 hours

Are the name, age, sex, color, date and place correctly given above?

Steve

Signature of Physician

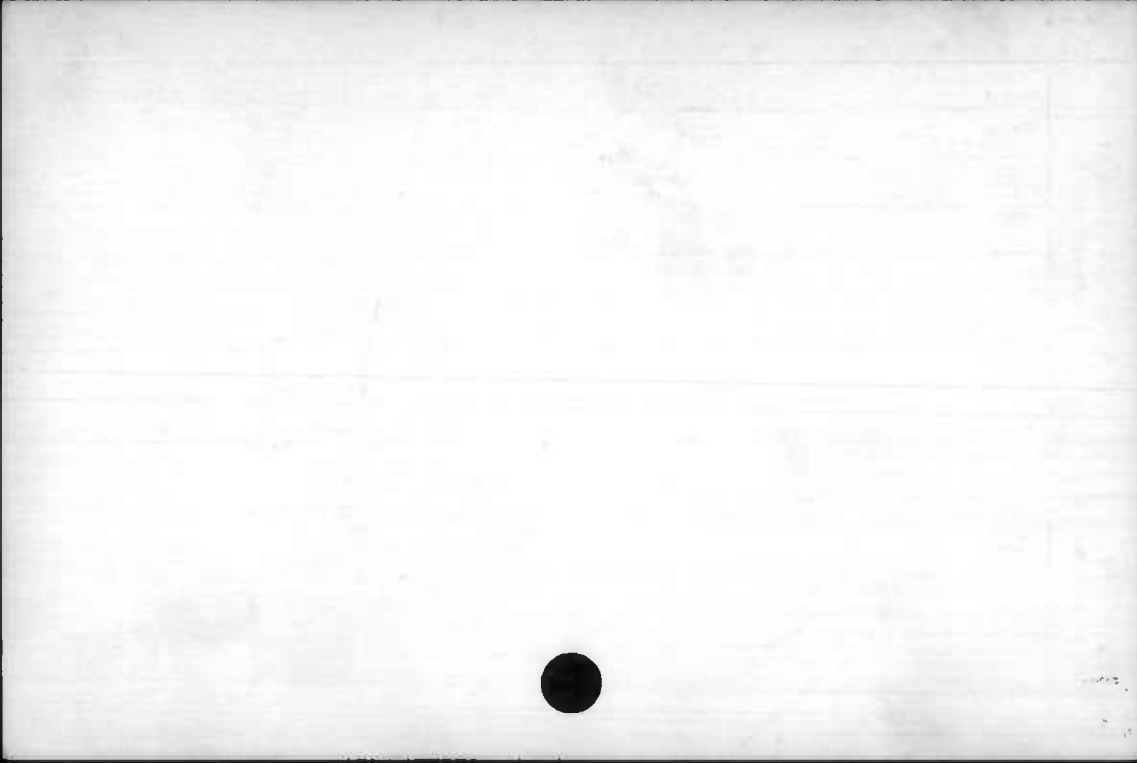
Thos. M. Brown

Address

Cumhd

Accident or Suicida

PHYSICIAN  
OR  
CORONER  
1



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Lee Roy Robinson* Town *Chimberland* County *Allegheny* MARYLAND

Died at *Chimberland* Date of death 190*9* *3* *16* Age *17* - Months *12* Days *12*

Sex *Male* Color or Race *White* Birth-place *Chimberland*

Occupation *None* Where Residing if not at place of death *Chimberland Md*

Married, Single or Widowed *Single* Name of Wife or Husband *John M. Robinson*

Father's Name *John M. Robinson* Father's Birthplace *Chimberland*

Mother's Maiden Name *Mary L. Beltz* Mother's Birthplace *Chimberland*

Name of person giving Information *Oliver Beltz* How related to deceased *Grandfather*

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary *Gun shot wound of abdomen* How long *69 hours*

Immediate *Shock* How long *69 hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *H. H. Hailer M.D.* Address *29 P. Mechanic st  
Chimberland Md*

*Accidental*





Name  
in  
Full

Anna Lilian Rimmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

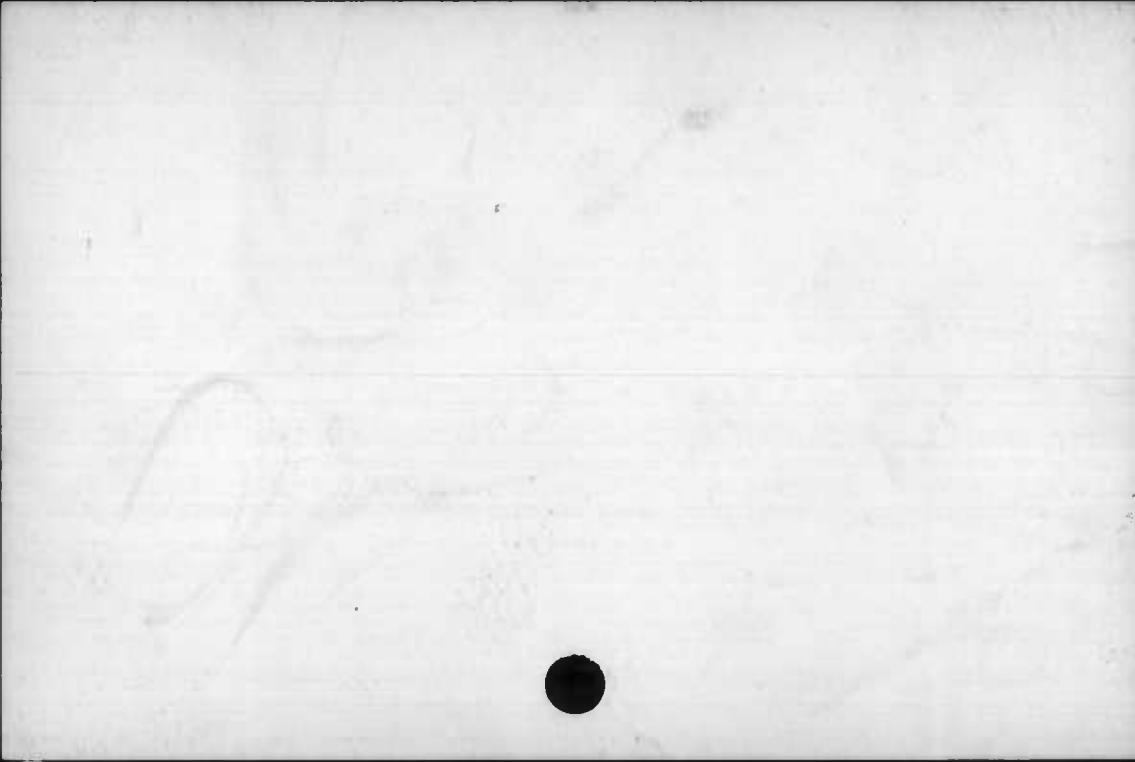
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	27			9	
Sex	Female		Color or Race	white		Birth-place	Cumberland Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			James Rimmer		Father's Birthplace		
Mother's Maiden Name			Bertha May Crabtree		Mother's Birthplace		
Name of person giving information			James Rimmer		How related to deceased		
					Father		

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	Chronic bronchitis	How long	2 mo
Immediate	Exhaustion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. C. L. Owens
yes		Address	Cumberland Md.
Accident or Suicide?			



Name  
in  
Full

Annie Footz Rushlon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> ~~Washington~~ Co.

County

Allegheny

Date

of death 1909

Month

June

Day

30

Age

Years

50

Months

7

Days

21

Sex

Female

Color or  
Race

white

Birth-  
place

Barlow Md.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Geo. J. Rushlon

Father's  
Name

George Footz

Father's  
Birthplace

England

Mother's  
Maiden Name

Elizabeth Buckler

Mother's  
Birthplace

England

Name of person giving  
Information

Geo. J. Rushlon

How related  
to deceased

Husband

CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary

Asphyxiation

How long

3 2 years

Immediate

Asthmatic attack

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

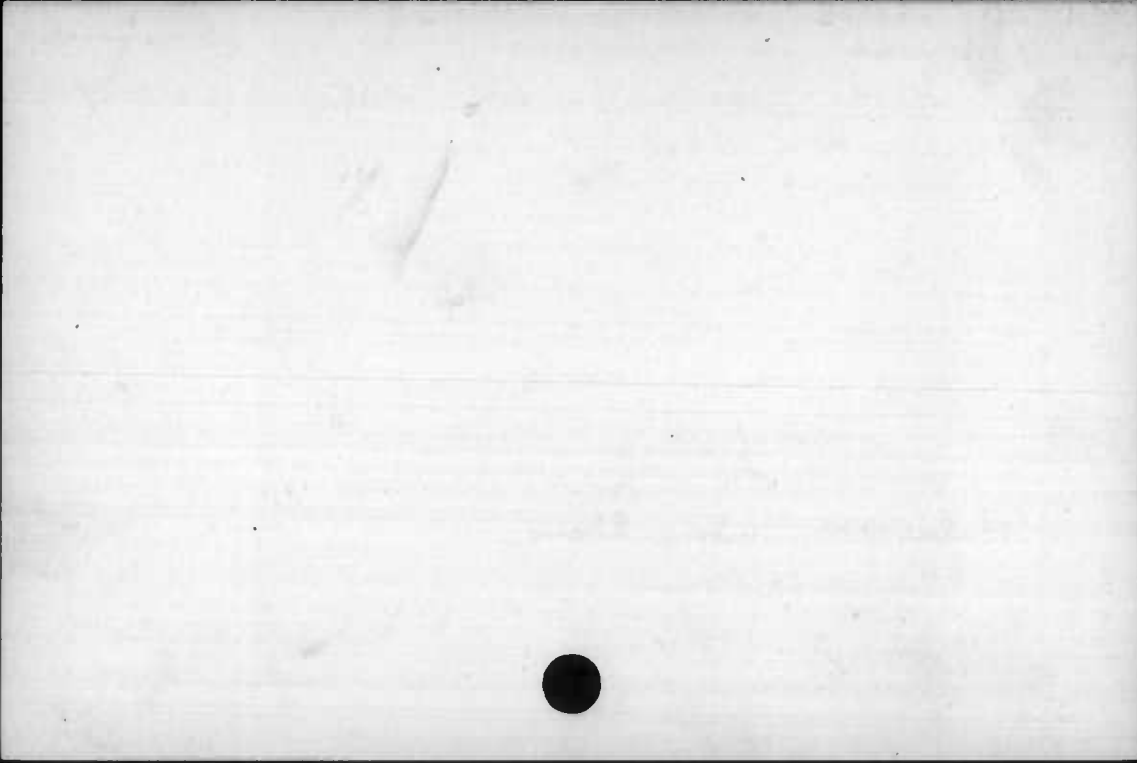
Address

Henry M. Hodgson, Jr.  
Lonacony, Md.

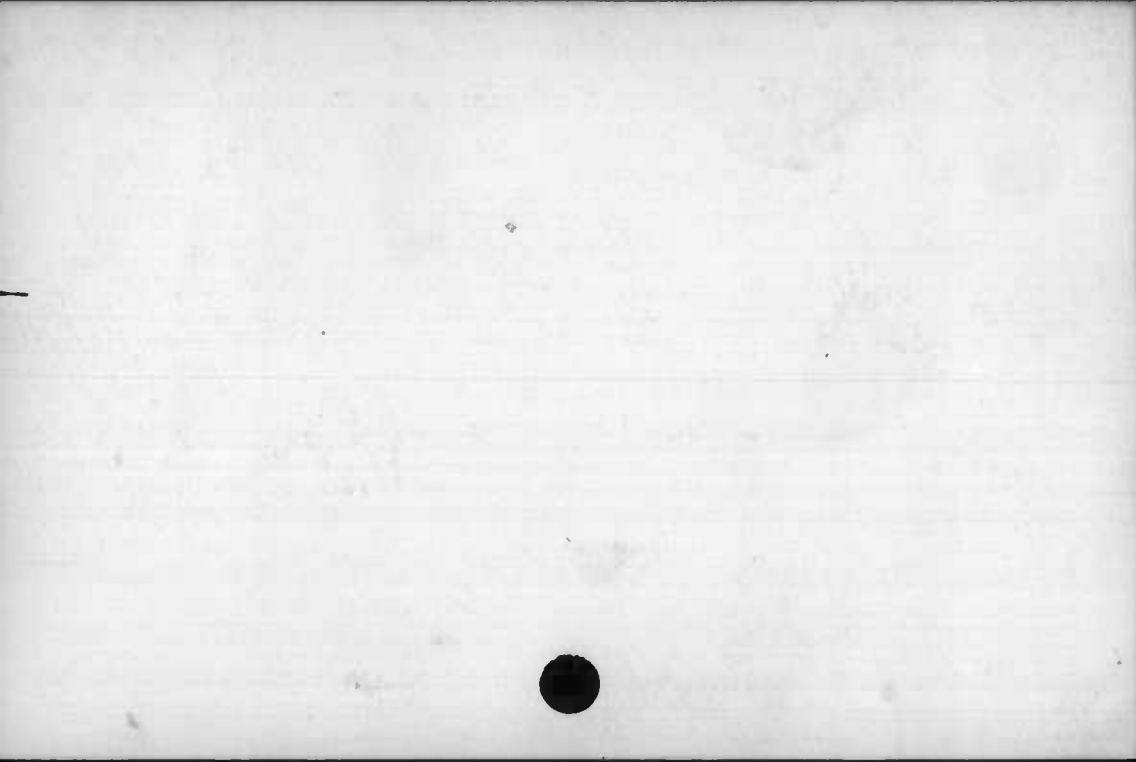
Accident or Suicide?

No

LIBRARY BUREAU A56516



Name in Full		Maurie Sangston				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		Alligany	
	Date of death		1909		Month		June	
			Day		19		Age	
			Years		29		Months	
			2		Days		22	
	Sex		Female		Color or Race		white	
	Birth-place		Cumberland		Maryland			
Occupation		House work		Where Residing if not at place of death		same		
Married, Single or Widowed		Widowed		Name of Wife or Husband		Mary Sangston		
Father's Name		John Snyder		Father's Birthplace		Germany		
Mother's Maiden Name		Sarah Shantz		Mother's Birthplace		Va -		
Name of person giving information		Mrs Frank Bartell		How related to deceased		Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		One year	
	Immediate		Exhaustion		How long		2 wks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr J S Owens	
	Address		Stu		Address		Cumberland	
	Accident or Suicide?		—				Md	



Name  
in  
Full

Florence Arabella Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Tulmore

Town

County

Allegheny

MARYLAND

Date

of death

1909

March

Month

5<sup>th</sup>

Day

Age

Years

1

Months

2

Days

2

Sex

Female

Color or  
Race

White

Birth-  
place

Tulmore

Occupation

Infant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

"

Name of Wife or  
Husband

"

Father's  
Name

David H &amp; Saunders

Father's  
Birthplace

Oakland Ind

Mother's  
Maiden Name

Alice Beeman

Mother's  
Birthplace

Ocean Ind

Name of person giving  
Information

David H &amp; Saunders

How related  
to deceased

Father

## CAUSES OF DEATH

10

Primary

Gripp -

How long

2 weeks

Immediate

Bronchitis Acute

How long

two days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

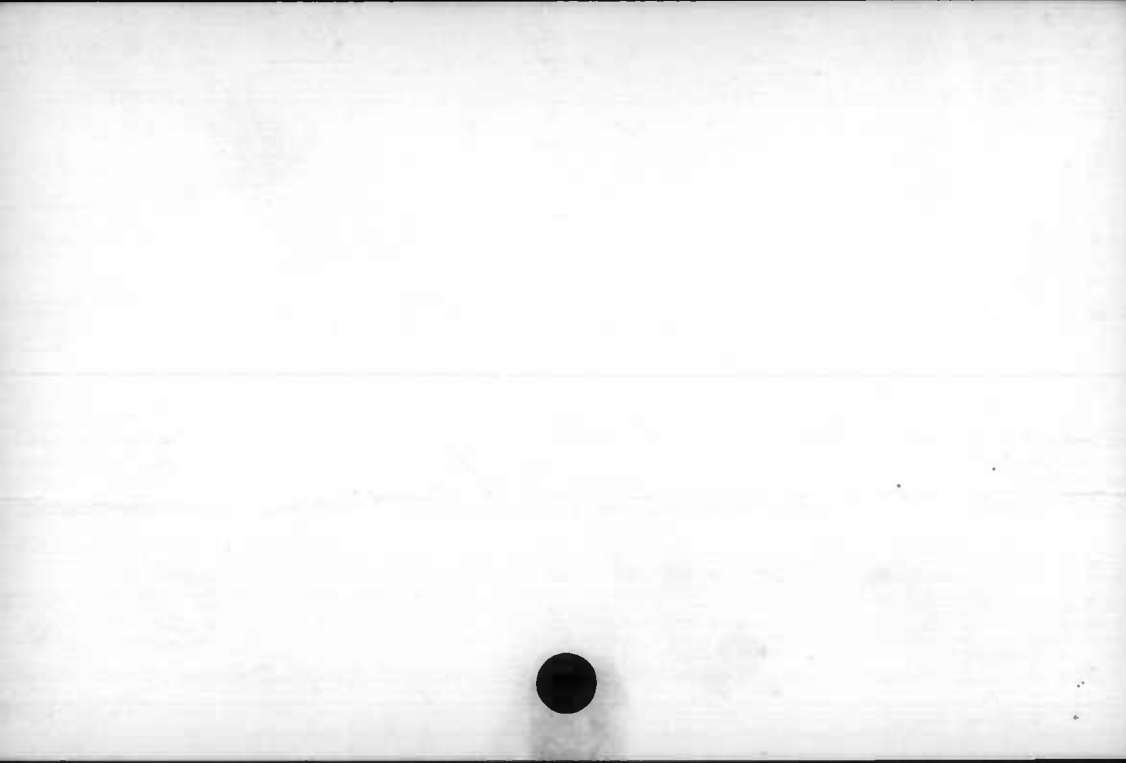
A. J. Smith

Address

Midland Ind

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name George H Stribert Town Cumberland County accergans MARYLAND

Died at Cumberland Date of death 1909 mar 18 Age 18 11

Sex male Color or Race white Birth-place Cumberland

Occupation 0 Where Residing if not at place of death Cumberland

Married, Single or Widowed Single Name of Wife or Husband 0

Father's Name Geo Stribert Father's Birthplace md

Mother's Maiden Name Lola Kerns Mother's Birthplace W Va

Name of person giving Information Geo Stribert How related to deceased Father

CAUSES OF DEATH

76

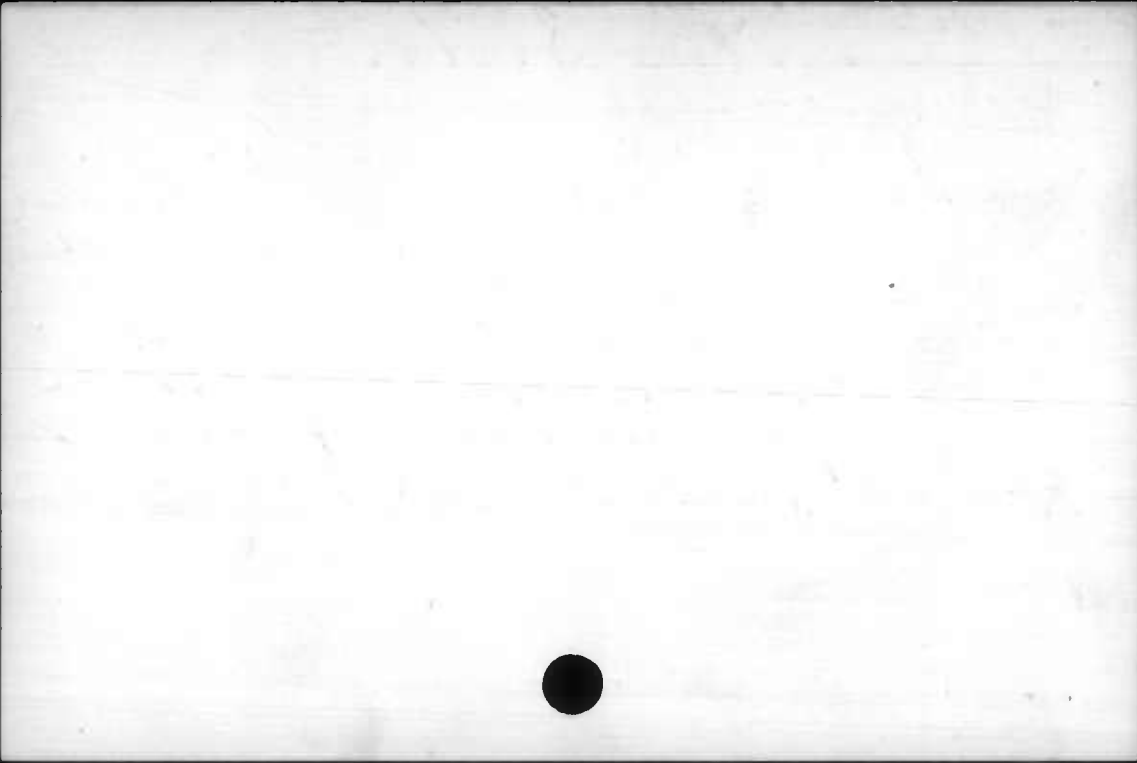
Primary Suppurative Otitis Media How long 6 mos

Immediate Cerebral abscess How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E B Delaney

Address Cumberland

Accident or Suicide 1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

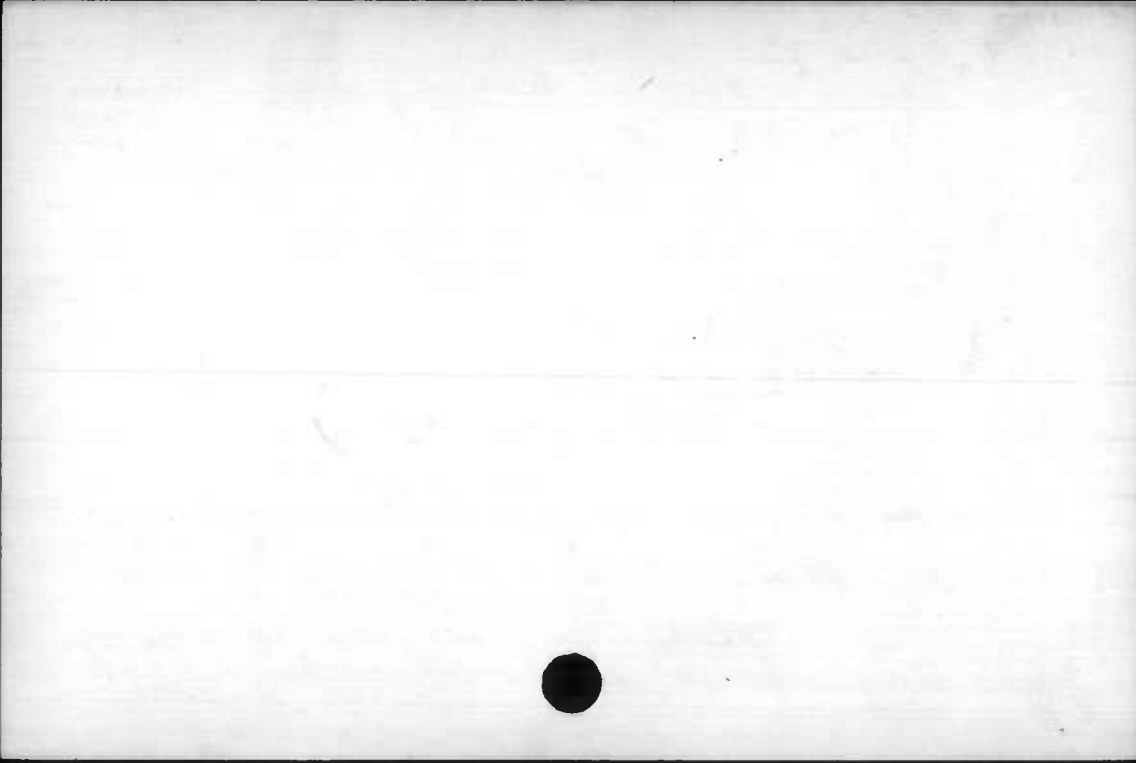
Name *Archibald Smith* Town *Harperville* County *Allegheny* MARYLAND  
 Died at *Harperville*  
 Date of death 1909 Month *March* Day *11* Age *3* Years Months Days  
 Sex *male* Color or Race *White* Birthplace *Harperville*  
 Occupation *none* Where Residing if not at place of death

Married, Single or Widowed ☒ Name of Wife or Husband  
 Father's Name *Samuel Smith* Father's Birthplace *Linacoming*  
 Mother's Maiden Name *Agnes Thompson* Mother's Birthplace *Pekin*  
 Name of person giving Information *Samuel Smith* (56) How related to deceased *Half brother*

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

*blinded on buffet*  
 Primary *Alcoholic poisoning* How long *About 8 hours*  
 Immediate *Respiratory failure* How long *Some hours*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. D. Skilling M.D.*  
 Address *Linacoming*  
 Accident or Suicide *Accident*



Name  
in  
Full

Clauder Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

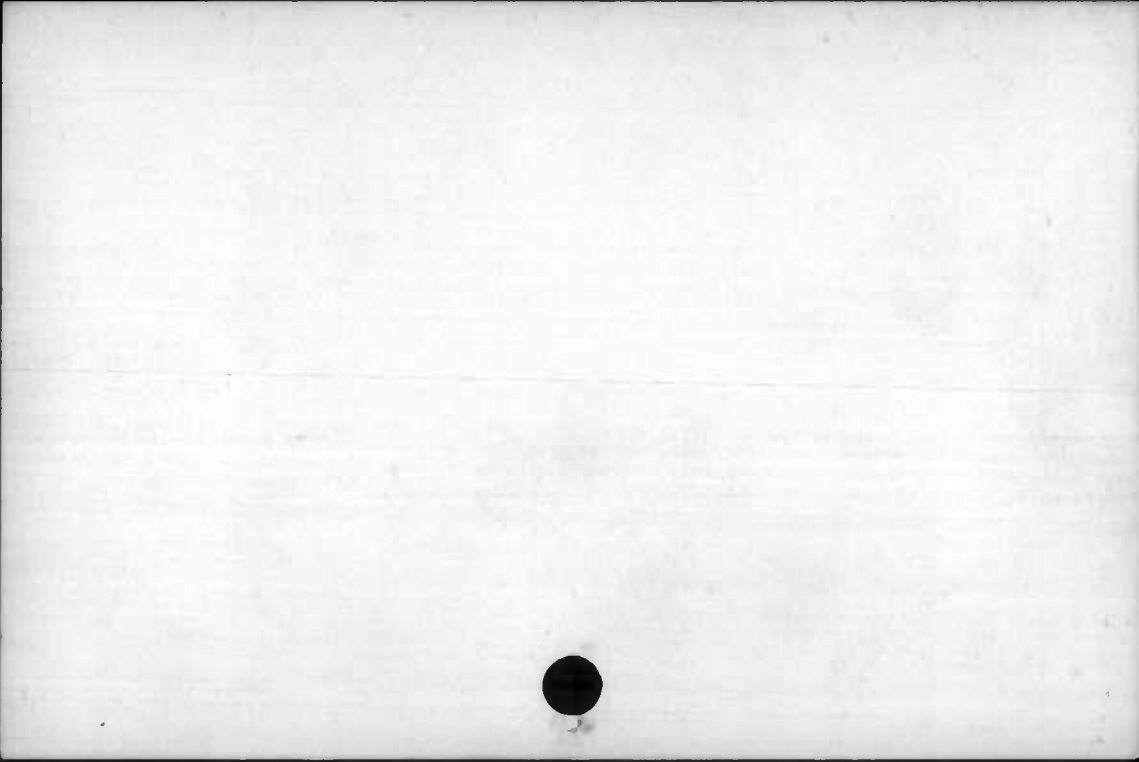
Died at <u>County Home</u>		<u>Allagany</u> County		MARYLAND	
Date of death	1909	Month	Mch	Day	19
Age	105	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Alabama
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	New known			Father's Birthplace	New known
Mother's Maiden Name	New known			Mother's Birthplace	New known
Name of person giving information	Mrs McCayle			How related to deceased	None

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Old age	How long	10 years
Immediate	Exhaustion	How long	1 m o
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. F. Toney
Stem.		Address	Cambridge Md
Accident or Suicide?			



Name in Full *Sarah Sonneborn*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

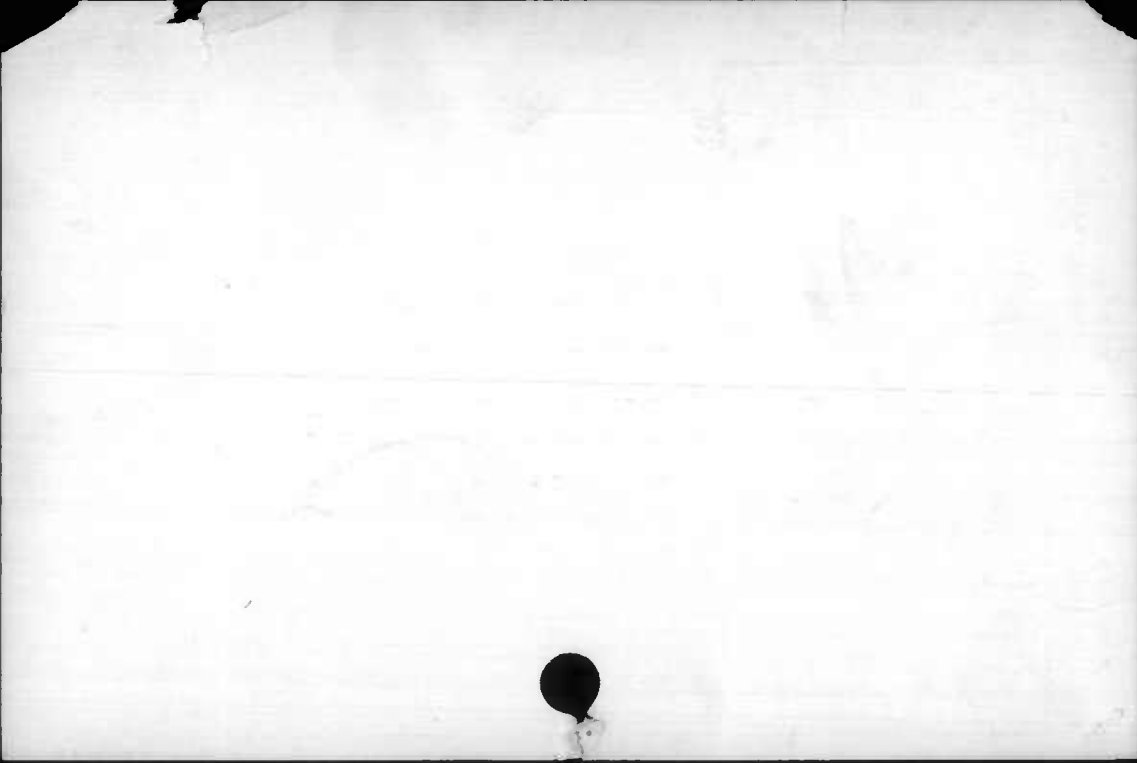
Died at *Cambsborland* <sup>Town</sup> *Allegheny* <sup>County</sup> **MARYLAND**  
 Date of death *1909* <sup>Month</sup> *3* <sup>Day</sup> *24* Age *76* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Female* Color or Race *White* Birth-place *Germany*  
 Occupation *retired* Where Residing if not at place of death *—*  
 Married, Single or Widowed *Married* Name of ~~Wife or~~ Husband *Joseph Sonneborn*  
 Father's Name *Israel Price* Father's Birthplace *Germany*  
 Mother's Maiden Name *Do not know* Mother's Birthplace *unknown*  
 Name of person giving Information *Joseph Sonneborn* How related to deceased *Husband*

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER  
**1**

Primary *Apoplexy* How long *3 days*  
 Immediate *Syncope* How long *Few Hours*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *JH White*  
*steu.* Address *Cambsborland Ind*  
 Accident or Suicide





Name  
in  
Full

Marion C. Spier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland —		County		allegany Co		MARYLAND	
Date of death		1909	Month	March	Day	27	Age	28	Years
Sex		female		Color or Race		white		Birth-place	
Occupation		Prof. Nurse		Where Residing if not at place of death		63 Washington St		Cumberland Md	
Married, Single		Single		Name of Wife or Husband					
Father's Name		Andrew Spier.				Father's Birthplace		Scotland	
Mother's Maiden Name		Marion Stewart.				Mother's Birthplace		Scotland.	
Name of person giving Information		Allan Spier				How related to deceased		Brother	

CAUSES OF DEATH

Primary	Diphtheria, diphtheria & streptococci meningitis	How long	Nine days
Immediate	Maxillary abscess Bacillar Meningitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. Y. Techter	
Address		Cumberland Md	
Accident or Suicide			

PHYSICIAN  
OR  
CORONER

March - Heaths

(41)

Geo. H. Carder,  
Sec. Board of Health  
Cumberland Md.

Name  
in  
Full

CERTIFICATE OF DEATH

Harry Thomas

Town

County

Farmington

Alley

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death | 909 Mar

Age

2

6

Sex

M.

Color or  
Race

white

Birth-  
place

Farmington

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John B. Thomas

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Mary Shoemaker

Mother's  
Birthplace

Pa

Name of person giving  
In formation

Jno B Thomas

How related  
to deceased

Father

CAUSES OF DEATH

167

Primary

Burn with fire from stove

How long

4 days

Immediate

Pneumonia

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Griffith

Address

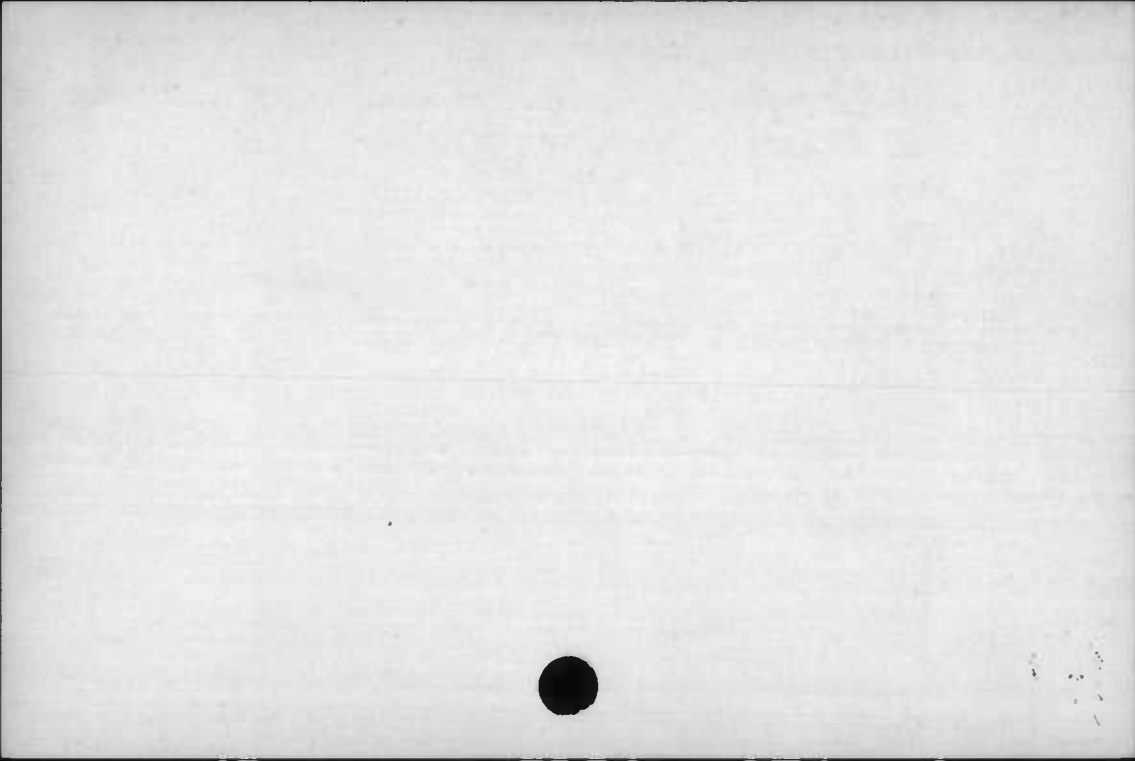
Farmington Ind

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Elizabeth Wexler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Rockville* Town *Allyang* County  
Date of death *1909* Month *March* Day *6* Age *76* Years Months Days  
Sex *Female* Color or Race *white* Birth-place *Ind*  
Occupation *House wife* Where Residing if not at place of death  
Married, Single or Widowed *widow* Name of Wife or Husband *John Wexler*  
Father's Name *Solomon Robinson* Father's Birthplace *Ind*  
Mother's Maiden Name *Elenora McKenzie* Mother's Birthplace *Ind*  
Name of person giving information *John Wexler Jr* How related to deceased *Son*

CAUSES OF DEATH

10

PHYSICIAN  
OR  
CORONER

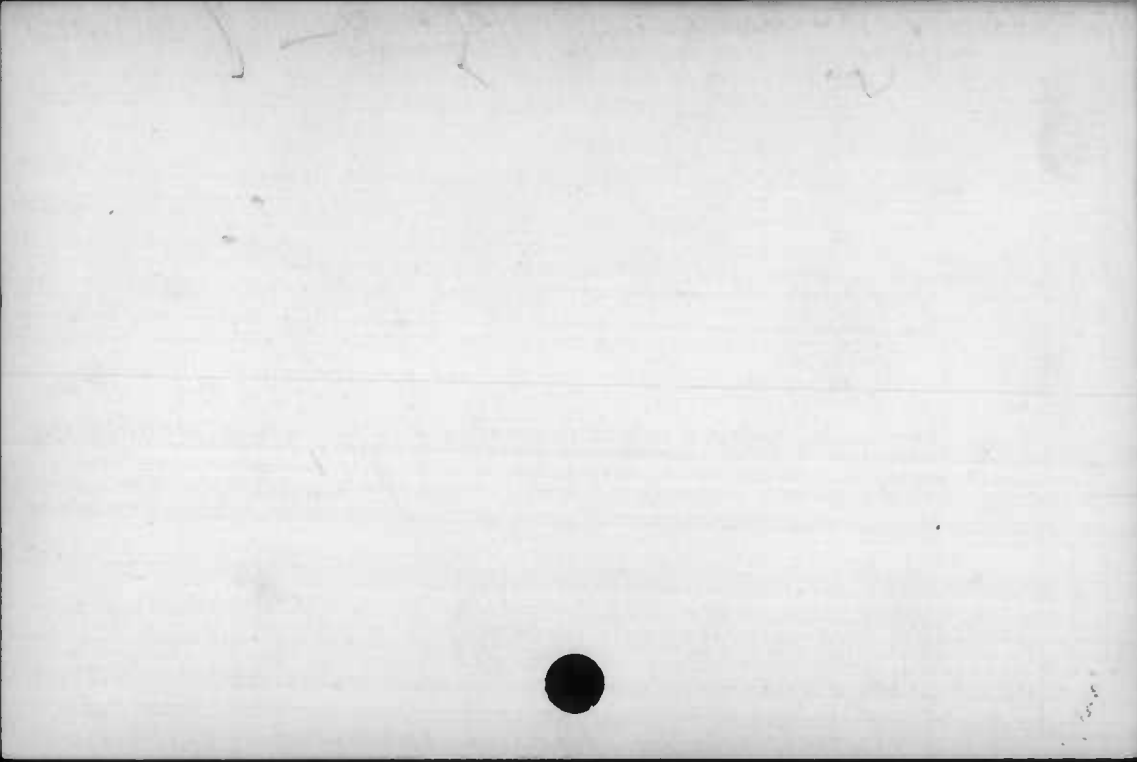
Primary *Old age (Grip)* How long *six months*  
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician  
Address

*Edw. C. ...*

Accident or Suicide?



Name  
in Full

infant Noble Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Cumberland Alligany County MARYLAND  
 Date of death 1909 Mar 21 Age 2  
 Sex Male Color or Race White Birth-place Cumma.  
 Occupation None Where Residing if not at place of death \_\_\_\_\_  
 Marriad, Single or Widowed Single Name of Wifa or Husband None  
 Father's Name Noble Weaver Father's Birthplace Martinsburg  
 Mother's Maiden Name Maudie Smith Mother's Birthplace Barton Md  
 Name of parson giving Information Noble Weaver How related to deceased Father

CAUSES OF DEATH

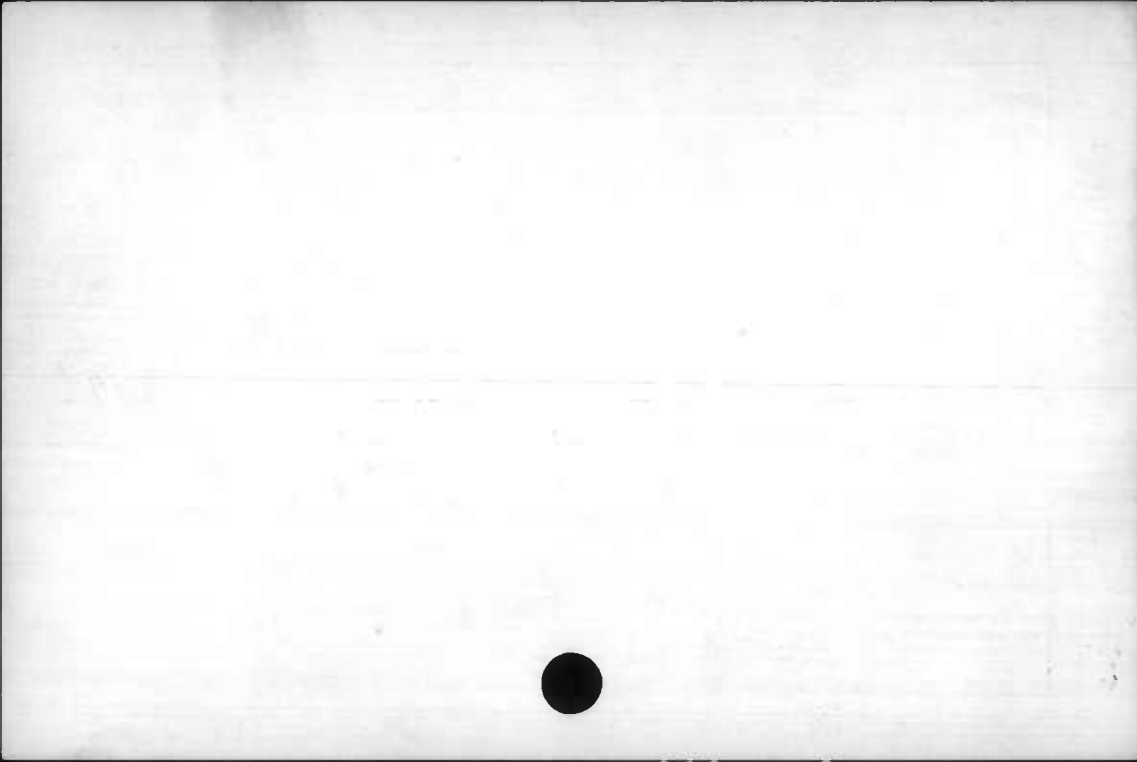
151  
How long

PHYSICIAN  
OR CORONER

Primary Premature birth  
 Immediate Premature birth  
 Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. J. H. Davis M.D.  
 Address Cumberland Md

1  
Shen  
 Accident - Slide





Name  
in  
Full

## CERTIFICATE OF DEATH

Name *Frank Wigley* Town *Cumberland* County *Allegheny* MARYLAND  
 Died at *Cumberland*  
 Date of death *1909* Month *3* Day *18* Age *38* Years  
 Sex *Male* Color or Race *White* Birth-place *Cumberland*  
 Occupation *General Utility Man* Where Residing if not at place of death *Cumberland*  
 Married, Single or Widowed *Married* Name of Wife or Husband  
 Father's Name *George - Wigley* Father's Birthplace *Pittsburg*  
 Mother's Maiden Name *Sarah V. Reich* Mother's Birthplace *Cumberland*  
 Name of person giving Information *Sarah V. Wigley* How related to deceased *Mother*

## CAUSES OF DEATH

27

Primary *Tuberculosis Pulmonalis* How long *3 months*  
 Immediate *Exhaustion* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above?

*Yes.*

Signature of Physician

*T.B. McDonald*

Address

*Cumberland Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lewis E. Yates</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Krookburg</i>		Age <i>35</i>		Months <i>9</i>	Days <i>23</i>
Date of death <i>1909 Mar 31</i>	Month <i>Mar</i>	Day <i>31</i>	Years <i>35</i>		
Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>Krookburg Md</i>		
Occupation <i>Saloon keeper</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Yates</i>	Father's Birthplace <i>Wales</i>				
Mother's Maiden Name <i>Mary Price</i>	Mother's Birthplace <i>Wales</i>				
Name of person giving information <i>John Harris</i>	How related to deceased <i>Brother in Law</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Griffith</i>
	Address <i>Krookburg Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

H.

Alg. Cem.

Name  
in  
Full

CERTIFICATE OF DEATH

Rachael Yost

MARYLAND

Died at near Cumberland Town Alleg County

Date of death 1909 Mar Month 14 Day 62 Years — Months — Days

Sex Female Color or Race White Birth-place W. Va.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband James Yost

Father's Name Simon Norstadt Father's Birthplace W. Va

Mother's Maiden Name Do not know Mother's Birthplace D. K.

Name of person giving Information James S Yost How related to deceased Son

CAUSES OF DEATH

120

Primary Chronic Bright's Dis How long 2 or 3 yrs

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Swigg

Address Cumberland

Accident or Suicide Stein

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

